

## Third Party Authority to Operate

Individual & Joint Accounts

Please give the person named below (**the Signatory**) access to operate the transactional, savings or deposit accounts specified below or, in the case of a joint account, that account only, to do the following:

- carry out withdrawals on the account, for any purpose, including signing cheques;
- make enquiries about account balances and transactions on the account, including any debit balance or available credit on a transactional account.

**The Signatory** does **NOT** have authority to:

- change any of the signatory authorisations on the account;
- give a 3<sup>rd</sup> party access or authority to operate on the account;
- make enquiries about loan account balances or available credit on a loan account (except for transactional accounts);
- change contact details, including the mailing address for statements, or close the account.

This authority cancels all existing authorities I/we have given you

I/We are responsible for all the Signatory's transactions

### ACCOUNT DETAILS

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### ACCOUNTHOLDER DETAILS

For joint accounts, all parties to the account are to provide their particulars and sign below

(1) Surname

(2) Surname

First Name

First Name

Membership No

Membership No

Sign

Sign

Date

Date

(3) Surname

(4) Surname

First Name

First Name

Membership No

Membership No

Sign

Sign

Date

Date

### SIGNATORY DETAILS

#### 1<sup>st</sup> Signatory's Details

Title

Home Phone

Surname

Daytime Phone

Given Names

Mobile Phone

|  |                                |               |                      |
|--|--------------------------------|---------------|----------------------|
| Membership No (if a member)                    | <input type="text"/>           | Date of Birth | <input type="text"/> |
| Residential Address                            | <input type="text"/>           |               |                      |
|  | Post Code <input type="text"/> |               |                      |
| 1 <sup>st</sup> Signatory's Specimen Signature | <input type="text"/>           |               |                      |

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|  |                                |               |                      |
|--|--------------------------------|---------------|----------------------|
| <b>2<sup>nd</sup> Signatory's Details</b>      |                                |               |                      |
| Title  | <input type="text"/>           | Home Phone    | <input type="text"/> |
| Surname  | <input type="text"/>           | Daytime Phone | <input type="text"/> |
| Given Names                                    | <input type="text"/>           | Mobile Phone  | <input type="text"/> |
| Membership No (if a member)                    | <input type="text"/>           | Date of Birth | <input type="text"/> |
| Residential Address                            | <input type="text"/>           |               |                      |
|  | Post Code <input type="text"/> |               |                      |
| 2 <sup>nd</sup> Signatory's Specimen Signature | <input type="text"/>           |               |                      |

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|  |                                |               |                      |
|--|--------------------------------|---------------|----------------------|
| <b>3<sup>rd</sup> Signatory's Details</b>      |                                |               |                      |
| Title  | <input type="text"/>           | Home Phone    | <input type="text"/> |
| Surname  | <input type="text"/>           | Daytime Phone | <input type="text"/> |
| Given Names                                    | <input type="text"/>           | Mobile Phone  | <input type="text"/> |
| Membership No (if a member)                    | <input type="text"/>           | Date of Birth | <input type="text"/> |
| Residential Address                            | <input type="text"/>           |               |                      |
|  | Post Code <input type="text"/> |               |                      |
| 3 <sup>rd</sup> Signatory's Specimen Signature | <input type="text"/>           |               |                      |

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|  |                                |               |                      |
|--|--------------------------------|---------------|----------------------|
| <b>4<sup>th</sup> Signatory's Details</b>      |                                |               |                      |
| Title  | <input type="text"/>           | Home Phone    | <input type="text"/> |
| Surname  | <input type="text"/>           | Daytime Phone | <input type="text"/> |
| Given Names                                    | <input type="text"/>           | Mobile Phone  | <input type="text"/> |
| Membership No (if a member)                    | <input type="text"/>           | Date of Birth | <input type="text"/> |
| Residential Address                            | <input type="text"/>           |               |                      |
|  | Post Code <input type="text"/> |               |                      |
| 4 <sup>th</sup> Signatory's Specimen Signature | <input type="text"/>           |               |                      |

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| <b>ACCOUNT SIGNING AUTHORITY</b>              |  |
| Method of Operation for 2 or more Signatories | <input type="checkbox"/> Any One to Sign<br><input type="checkbox"/> Any Two to Sign<br><input type="checkbox"/> All parties to Sign |

**Office Use Only**

- ☐ Cheque Account Specimen Signature form signed

**Record of Identification Procedures for Signatories who are not Members**

|   |   |
|---|---|
| <input type="checkbox"/> <b>For Signatory 1:</b> Customer Identification Procedure – Individual carried out and document(s) produced were:<br>.....<br>.....<br>..... | <input type="checkbox"/> <b>For Signatory 2:</b> Customer Identification Procedure – Individual carried out and document(s) produced were:<br>.....<br>.....<br>..... |
| <input type="checkbox"/> <b>For Signatory 3:</b> Customer Identification Procedure – Individual carried out and document(s) produced were:<br>.....<br>.....<br>..... | <input type="checkbox"/> <b>For Signatory 4:</b> Customer Identification Procedure – Individual carried out and document(s) produced were:<br>.....<br>.....<br>..... |