

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 3rd 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

Date

Sign

Date

(3) Surname (4) Surname

First Name First Name

Membership No Membership No

Sign

Date

Sign

Date

SIGNATORY DETAILS

1st Signatory's Details

Title Home Phone

Surname Daytime Phone

Given Names Mobile Phone

Membership No (if a member)		Date of Birth	
Residential Address			
1 st Signatory's Specimen Signature			
2nd Signatory's Details			
Title		Home Phone	
Surname		Daytime Phone	
Given Names		Mobile Phone	
Membership No (if a member)		Date of Birth	
Residential Address			
2 nd Signatory's Specimen Signature			
3rd Signatory's Details			
Title		Home Phone	
Surname		Daytime Phone	
Given Names		Mobile Phone	
Membership No (if a member)		Date of Birth	
Residential Address			
3 rd Signatory's Specimen Signature			
4th Signatory's Details			
Title		Home Phone	
Surname		Daytime Phone	
Given Names		Mobile Phone	
Membership No (if a member)		Date of Birth	
Residential Address			
4 th Signatory's Specimen Signature			
ACCOUNT SIGNING AUTHORITY			
Method of Operation for 2 or more Signatories		<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <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

For Signatory 1: Customer Identification Procedure – Individual carried out and document(s) produced were:	For Signatory 2: Customer Identification Procedure – Individual carried out and document(s) produced were:
For Signatory 3: Customer Identification Procedure – Individual carried out and document(s) produced were:	For Signatory 4: Customer Identification Procedure – Individual carried out and document(s) produced were: