

About You (PLEASE PRINT IN BLOCK LETTERS)

Membership Number

Title Given Names Surname

Add a signatory (PLEASE PRINT IN BLOCK LETTERS)

I/We hereby authorise (person mentioned below) to be an authorised signatory on this account.

Title Given Names Surname

Name by which you are commonly known (if different from above)

Date of Birth / / Gender Male Female

Marital Status (Optional) Drivers Licence Number

Residential Address
 State Postcode

Contact Details Home phone Mobile
Work phone Email

Signature of Authorised Signatory

X Date / /

Acknowledgement of Member: Rights for an Authorised Signatory

- Arrange periodical payments and direct debits
- Open, alter, close and apply to redeem a term deposit
- Open and close sub accounts excluding loan accounts
- Transact on accounts by deposit, withdrawal or transfer
- Request documents 'current' on the credit union's system excluding loan documents
- Request to alter statement cycle
- Request loan payout balance
- Stop payment on cheques
- Register for BPAY
- Alter payroll deduction authorities
- Remove themselves as a signatory

Method of operation Anyone to sign All to sign Other (specify) _____

Delete a signatory (PLEASE PRINT IN BLOCK LETTERS)

I/We authorise the Credit Union to remove the persons named below as a signatory from this membership

Please list names of all persons to be removed from the membership

Declaration (PLEASE PRINT IN BLOCK LETTERS)

I/We the undersigned being the owners of this membership, apply to change the signatories of the account, as indicated above. I/We certify that I/We are the survivor/survivors of the persons who were last authorised to operate the account.

Signature

X Date / /

Signature

X Date / /

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Form fully completed and signed by member(s) | <input type="checkbox"/> Proof of identity already held by Sydney Credit Union |
| <input type="checkbox"/> Updated specimen signature card | <input type="checkbox"/> 100 Point Check completed |
| <input type="checkbox"/> Updated Member Chequing signature card | <input type="checkbox"/> 100 Point Special Provisions completed |
| <input type="checkbox"/> P&R - TFN & ID requirements | <input type="checkbox"/> Identification Reference (s21) completed |

Operator Name & Number

Time & Date Received