Account signatory changes - non-personal account

credit unionsa

This advice supersedes any previous arrangement which means that any person who is an existing signatory who is not listed on this form will be deleted. Use this form to add, delete & retain signatories.

Member number _____ Entity name _____

Primary ANZSIC Code & description _____
Note: Enter your 4-digit ANZSIC code. If unsure, check your business registration letter or tax records. Please provide your primary business activity for validation.

I/we wish to vary the signing arrangements on the following account(s) _____ _____ _____

Method of operation - select requirement for transacting: ☐ any to sign ☐ any two to sign ☐ all to sign

Details of new signatories to be ADDED

This section must be completed for all new signatories. Any signatory who is not an existing member of Credit Union SA must have their identity verified.

1. Surname Mr/Mrs/Miss/Ms/Mx _____

First name _____ Middle name(s) _____

Other names commonly known by (not nicknames) _____

Date of birth _____

Are you a permanent Australian resident? ☐ Yes ☐ No

Residential address _____

_____

Postal address ☐ same as above

_____

_____

Home Phone _____ Mobile _____

Email _____

Member no. *(if existing member)* _____

Position held with entity: _____
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)

Signature _____ Date _____

2. Surname Mr/Mrs/Miss/Ms/Mx _____

First name _____ Middle name(s) _____

Other names commonly known by (not nicknames) _____

Date of birth _____

Are you a permanent Australian resident? ☐ Yes ☐ No

Residential address _____

_____

Postal address ☐ same as above

_____

_____

Home Phone _____ Mobile _____

Email _____

Member no. *(if existing member)* _____

Position held with entity: _____
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)

Signature _____ Date _____

3. Surname Mr/Mrs/Miss/Ms/Mx _____

First name _____ Middle name(s) _____

Other names commonly known by (not nicknames) _____

Date of birth _____

Are you a permanent Australian resident? ☐ Yes ☐ No

Residential address _____

_____

Postal address ☐ same as above

_____

_____

Home Phone _____ Mobile _____

Email _____

Member no. *(if existing member)* _____

Position held with entity: _____
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)

Signature _____ Date _____

4. Surname Mr/Mrs/Miss/Ms/Mx _____

First name _____ Middle name(s) _____

Other names commonly known by (not nicknames) _____

Date of birth _____

Are you a permanent Australian resident? ☐ Yes ☐ No

Residential address _____

_____

Postal address ☐ same as above

_____

_____

Home Phone _____ Mobile _____

Email _____

Member no. *(if existing member)* _____

Position held with entity: _____
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)

Signature _____ Date _____

Please continue overleaf...

Signatories to be REMOVED

Signatory 1 - Full name _____

Member number _____

Signatory 2 - Full name _____

Member number _____

Signatory 3 - Full name _____

Member number _____

Signatory 4 - Full name _____

Member number _____

Signatories to REMAIN

Signatory 1 - Full name _____

Member number _____

Signatory 2 - Full name _____

Member number _____

Signatory 3 - Full name _____

Member number _____

Signatory 4 - Full name _____

Member number _____

Voting right

Complete if to be changed

In situations where the entity is entitled to exercise a vote, the person stated below is authorised to vote on behalf of the entity.

Full name _____

Declaration - to be signed by EXISTING account signatories

I/we declare that this form is signed in accordance with the existing account signing authority.

I/we understand that the person's authorised to act as signatory has full powers to access the account. This includes the authority to close the account or to access it via any service attached to the account. I/we acknowledge that the credit union is not liable for any losses from the account or any damage caused by the person(s) hereby authorised to access the account.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Office use only

SECTION 1 - to be completed by branch

☐ Identification attached for all new signatories not current members

Taken by: _____

Branch: _____ Date: _____

SECTION 2 - to be completed by member administration

☐ Self Service Teller added (for signatories who are not current members)

☐ PayID's (owned by a removed signatory) that are linked to the account they have been removed from, have been closed (if applicable)

☐ Business Banking checked

Are there any overdrafts or loans? ☐ No ☐ Yes (if Yes, refer to Lending for approval)

☐ Authorised by Lending department (if applicable)

Processed by: _____ Date: _____

SECTION 3 - to be completed by lending dept (if applicable)

Changes authorised by _____ Date _____