

Account signatory application

Authorisation from existing account owner(s)

Member number _____ Account owner(s) name _____

I/we authorise the person named in 'account signatory details' to transact on the following account(s);

Account number _____ Account number _____ Account number _____

Declaration of account owner(s)

- I/we understand that the person authorised to act as signatory has full powers to access the account. This includes accessing the account via any service attached to the account. However, this excludes the authority to close 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 hereby authorised to access the account.

All account owner(s) must sign this authority -

Signature (1) _____ Date _____ Signature (2) _____ Date _____

Account signatory details

Member number (if existing member) _____

Mr Mrs Miss Ms Mx Surname _____

First name _____ Middle name(s) _____

Other names commonly known by (not nicknames) _____ Date of birth _____

Home address _____

Postal address same as above _____

Home phone _____ Work phone _____ Mobile _____

Home email _____ Work email _____

Are you a permanent Australian resident? Yes No

Access & Services Options - Please tick the required account access/service(s).

- Access code** - Select any combination of 4 to 8 letters & numbers. **DO NOT** use dates of birth, phone numbers etc.
Existing members: please note this access code will override any existing access code on your personal membership.

Code - _____

- Internet banking** - If you do not already have the internet banking service we will provide your initial internet banking password.

- Phone banking** - If you do not already have the phone banking service we will provide your initial phone banking password.

- Visa Debit Card** **Redicard**

Linking accounts to your card

1st account _____ 2nd account _____ VISA posting account _____
full access eftpos, bank@post and all atms access from rediATMs & bank@post access for visa card purchases only

- Visa Credit Card**

Declaration of account signatory

1. The details provided in this application are true and correct. I acknowledge that it is an offence under Anti- Money Laundering and Counter Terrorism Financing Act 2006(Cth) to give false and misleading information.
2. I acknowledge that I have received the *Deposit Accounts and Access Services Terms and Conditions* and agree to abide by these terms and conditions.

'Account Signatory' signature: _____ Date: _____

Office use only**SECTION 1 - to be completed by branch**

Account owner authorisation confirmed -

- Account owner attended branch and identity verified
OR
- Confirmed authorisation with account owner by telephone (Access code quoted)
OR
- Unable to contact account owner to confirm authorisation
- Cheque Account Signature Card attached (if account has an existing cheque facility)
- Member identification attached (if signatory is not a current member)
- CRM 'P' Number _____ loaded (if signatory is not a current member)
- Deposit Accounts and Access Services Terms and Conditions provided & logged on CRM

Taken by: _____ Date: _____

SECTION 2 - to be completed by Member Administration upon receipt of this form

- Authorisation confirmed with account owner (ie either by branch staff or membership officer)
- Account signatory membership opened (if signatory is not a current member) - Membership number _____
- Account signatory attached to relevant account
- Services loaded (if applicable)
- Self Service Teller added (if signatory is not a current member)
- Signatory welcome letter sent (if signatory is not a current member)
- Confirmation letter issued (if applicable - relates to signatory(s) who are existing members)
 - Internet Banking
 - Phone Banking
 - Access Code
- Card ordered for account signatory (if applicable)

Completed by: _____ Date: _____