

I / We wish to alter the Third Party Operations to this Membership.

Member number	Member 1	Member 2
Member name(s)	Member 1	Member 2

**Delete the following operators**

Signatory 1	Member name	Member no
Signatory 2	Member name	Member no
Signatory 3	Member name	Member no
Signatory 4	Member name	Member no

**Keep the following operators**

Signatory 1	Member name	Member no
Signatory 2	Member name	Member no
Signatory 3	Member name	Member no
Signatory 4	Member name	Member no

For withdrawals, I / We require

(please select one):

- only 1 person to sign.  
 at least  people to sign.  
 all people to sign.

I / We understand that this authority gives full access to the Membership and all of its accounts.

I / We understand that this authority supersedes any previous arrangement, which means that any existing signatory not listed on this form will be deleted.

Authorised signatory 1	Signature	Date
Authorised signatory 2	Signature	Date

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

**Staff use only**

To be completed by Service Centre staff

Signatures verified

Completed by

Signature

Date

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