

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

S1 S2 S  S  S  S  S  S

### Account Holder Details

For joint accounts, all parties to the account are to provide their particulars and sign below

#### Applicant 1

Member number

Surname  First name

Signature  Date

#### Applicant 2

Member number

Surname  First name

Signature  Date

#### Applicant 3

Member number

Surname  First name

Signature  Date

#### Applicant 4

Member number

Surname  First name

Signature  Date

### Signatory Details

#### 1<sup>st</sup> Signatory Details

Member number (if a member)

Title  Surname  Given names

Mobile/Home Phone  Date of Birth

Residential address  
Unit no./ Street no./ Street name

Suburb/Town  State  Postcode

1<sup>st</sup> Signatory's Specimen Signature

#### 2<sup>nd</sup> Signatory Details

Member number (if a member)

Title  Surname  Given names

Mobile/Home Phone  Date of Birth

Residential address  
Unit no./ Street no./ Street name

Suburb/Town  State  Postcode

2<sup>nd</sup> Signatory's Specimen Signature

## Signatory Details (continued)

### 3<sup>rd</sup> Signatory Details

Member number (if a member)

Title  Surname  Given names

Mobile/Home Phone  Date of Birth

Residential address

Unit no./ Street no./ Street name

Suburb/Town  State  Postcode

3<sup>rd</sup> Signatory's Specimen Signature

## Account Signing Authority

Method of Operation for 2 or more Signatories:

- Any One to Sign
- Any Two to Sign
- All parties to Sign

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