



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:	Membership No:
	S1 S <input type="text"/>	S <input type="text"/>
	S <input type="text"/>	S <input type="text"/>
	S <input type="text"/>	S <input type="text"/>

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

(1) Surname	<input type="text"/>	(2) Surname	<input type="text"/>
First Name	<input type="text"/>	First Name	<input type="text"/>
Membership No:	<input type="text"/>	Membership No:	<input type="text"/>
Sign		Sign	
Date		Date	

(3) Surname	<input type="text"/>	(4) Surname	<input type="text"/>
First Name	<input type="text"/>	First Name	<input type="text"/>
Membership No:	<input type="text"/>	Membership No:	<input type="text"/>
Sign		Sign	
Date		Date	

➤	SIGNATORY DETAILS
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1st Signatory's Details:

Title	<input type="text"/>	Home Phone:	<input type="text"/>
Surname	<input type="text"/>	Daytime Phone:	<input type="text"/>
Given Names	<input type="text"/>	Mobile Phone:	<input type="text"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>

Residential Address:	<input type="text"/>	Post Code	<input type="text"/>
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1st Signatory's Specimen Signature:

2nd Signatory's Details:

Title Home Phone:

Surname Daytime Phone:

Given Names Mobile Phone:

Membership No (if a member): Date of Birth

Residential Address: Post Code

2nd Signatory's Specimen Signature:

3rd Signatory's Details:

Title Home Phone:

Surname Daytime Phone:

Given Names Mobile Phone:

Membership No (if a member): Date of Birth

Residential Address: Post Code

3rd 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

Office Use Only:

- Cheque Account Specimen Signature form signed

Record of Identification Procedures for Signatories who are not Members

<p>For Signatory 1: Customer Identification Procedure – Individual carried out and document(s) produced were:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>For Signatory 2: Customer Identification Procedure – Individual carried out and document(s) produced were:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>For Signatory 3: Customer Identification Procedure – Individual carried out and document(s) produced were:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>For Signatory 4: Customer Identification Procedure – Individual carried out and document(s) produced were:</p> <p>.....</p> <p>.....</p> <p>.....</p>