

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) as per the relevant conditions of use;

account number _____ account number _____ account number _____

Access & Services Options

Conditions of use apply to these services and will be provided to the account signatory. Please tick the required access/service(s).

- internet banking** - access to accounts via the internet for bill paying etc. We will provide the new signatory the initial password.
- phone banking** - access to accounts electronically via the telephone. We will provide the new signatory the initial password.
- cheque book** - A new **cheque account signatory card (F023)** must be completed with **all** the relevant signatures for any account that has an existing cheque facility.

I/we also authorise an additional card (as indicated below) to be issued to this person. The card and PIN will be sent by separate mail to the new account signatory.

- Redicard** - identification card with ATM and EFTPOS access.
- VISA debit card** - identification card with ATM, EFTPOS and VISA merchant access (purchase of goods & services). Member must be an existing VISA debit card holder with Credit Union SA.
- VISA credit card** - VISA merchant and ATM access. Member must be an existing VISA credit card holder with Credit Union SA.

Declaration of account owner(s)

- I/we understand that any transaction or service on these accounts by the person named will be deemed to be the same as if I/we have used it personally and will bind me accordingly.
- If I/we wish to cancel this authority I/we will advise Credit Union SA in writing and will return the additional card.
- I/we understand that my/our liability for any additional card may not cease until the card is returned.

All account owner(s) must sign this authority.

(1) _____ (2) _____
signature date signature date

account signatory details

Pursuant to Government regulations, this statement must be accompanied by identification requirements, unless you are an existing member.

member number (if existing member) _____

Mr Mrs Miss Ms surname _____

first name _____ middle name(s) _____

other names commonly known by (not nicknames) _____ date of birth _____

postal address _____

home address same as above as below

home phone _____ work phone _____

mobile phone _____ email _____

Access code - to access account(s) via the phone to the member service centre.

Select any combination of 4 to 8 characters & numbers. **DO NOT** use dates of birth, phone numbers etc . _____

continue overleaf

declaration of account signatory

- I have received, read and accepted copies of the Conditions of Use Savings & Investments Accounts and the Conditions of Use Electronic & General Access Services of the products and services selected.
- I declare all of the details to be true and correct.

'account signatory' signature: _____ **date:** _____

note: It is an offence under the AML/CTF Act 2006 to make a false or misleading statement.

office use only

SECTION 1 - to be completed by branch

- member identification worksheet attached (if signatory is not a current member)
- member specimen signature card attached (if signatory is not a current member)
- cheque account signature card attached (if applicable)
- COU -Savings & Investment Accounts provided & logged on Prosper
- COU -Electronic & General Access Services provided & logged on Prosper

Taken by: _____ date: _____

SECTION 2 - to be completed by member administration upon receipt of this form

- account signatory membership opened (if signatory is not a current member) - membership number _____
- account signatory attached to relevant accounts
- authorised services loaded
- signatory welcome letter sent (if signatory is not a current member)

forward application to card services for card order

SECTION 3 - to be completed by Card Services

- card ordered for account signatory