



transport  
mutual  
credit union

### Third Party Authority to Operate

Individual & Joint Accounts

Date:	<input type="text"/>
Member Number	<input type="text"/>

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 3<sup>rd</sup> 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.

<b>This authority cancels all existing authorities I/we have given you</b>											
<b>I/We are responsible for all the Signatory's transactions</b>											
<b>Account Details</b>											
S4	S1	S		S		S		S		S	
<b>Membership Details</b>											
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"/>							
Sign .....				Sign .....							
(3) Surname <input type="text"/>				(4) Surname <input type="text"/>							
First Name <input type="text"/>				First Name <input type="text"/>							
Sign .....				Sign .....							
<b>Signatory Details</b>											
<b>1<sup>st</sup> Signatory's Details:</b>											
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"/>											
1 <sup>st</sup> Signatory's Specimen Signature: <input type="text"/>											

**2<sup>nd</sup> 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:

Post Code

2nd Signatory's Specimen Signature:

**3rd 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:

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