

Account and/or Signatory Change Form

SECTION A:

MEMBER NUMBER:

(OFFICE USE ONLY)

EXISTING ACCOUNT NAME:

SECTION B: REASON FOR CHANGE

 CHANGE OF NAME**

 Complete Sections:
 A, B, C and G

 CHANGE TO
 METHOD OF
 OPERATION

 Complete Sections:
 A, B, D and G

 ALTERATION TO
 SIGNATORIES
 (ADDITION)**

 Complete Sections:
 A, B, E and G

 ALTERATION TO
 SIGNATORIES
 (DELETION)

 Complete Sections:
 A, B, F and G

SECTION C: NEW ACCOUNT DETAILS

NEW ACCOUNT NAME**:

**Additional documentation may be required

SECTION D: METHOD OF OPERATION

 ANY ONE TO SIGN

 ALL PARTIES TO SIGN

 OTHER (Please Specify) _____

SECTION E: NEW SIGNATORY DETAILS

This section must include all signatories that are to be retained on account. Additional documentation may be required.

1st SIGNATORY DETAILS (Required)

TITLE: (Please tick)

 MR MRS MISS MS

MEMBER NUMBER:

(OFFICE USE ONLY)

SURNAME:

GIVEN NAMES:

DATE OF BIRTH:

(DD/MM/YYYY)

HOME ADDRESS:

SUBURB:

STATE:

P/C:

POSTAL ADDRESS:

SUBURB:

STATE:

P/C:

CONTACT:

MOBILE:

HOME:

WORK:

EMAIL:

By providing your email address above you agree to Macquarie Credit Union using this address to contact you.

POSITION:

 PRESIDENT VICE PRESIDENT SECRETARY TREASURER OTHER _____

SIGNATURE:

DATE:

(DD/MM/YYYY)

2nd SIGNATORY DETAILS (Required)

TITLE: <small>(Please tick)</small>	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS		
MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>		
SURNAME:			
GIVEN NAMES:			
DATE OF BIRTH:	<small>(DD/MM/YYYY)</small>		
HOME ADDRESS:			
	SUBURB:	STATE:	P/C:
POSTAL ADDRESS:			
	SUBURB:	STATE:	P/C:
CONTACT:	MOBILE:	HOME:	WORK:
EMAIL:	By providing your email address above you agree to Macquarie Credit Union using this address to contact you.		
POSITION:	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____		
SIGNATURE:			
DATE:	<small>(DD/MM/YYYY)</small>		

ADDITIONAL SIGNATORY DETAILS (If required)

TITLE: <small>(Please tick)</small>	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS		
MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>		
SURNAME:			
GIVEN NAMES:			
DATE OF BIRTH:	<small>(DD/MM/YYYY)</small>		
HOME ADDRESS:			
	SUBURB:	STATE:	P/C:
POSTAL ADDRESS:			
	SUBURB:	STATE:	P/C:
CONTACT:	MOBILE:	HOME:	WORK:
EMAIL:	By providing your email address above you agree to Macquarie Credit Union using this address to contact you.		
POSITION:	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____		
SIGNATURE:			
DATE:	<small>(DD/MM/YYYY)</small>		

ADDITIONAL SIGNATORY DETAILS (If required)

TITLE: <small>(Please tick)</small>	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS		
MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>		
SURNAME:			
GIVEN NAMES:			
DATE OF BIRTH:	<small>(DD/MM/YYYY)</small>		
HOME ADDRESS:			
	SUBURB:	STATE:	P/C:
POSTAL ADDRESS:			
	SUBURB:	STATE:	P/C:
CONTACT:	MOBILE:	HOME:	WORK:
EMAIL:	By providing your email address above you agree to Macquarie Credit Union using this address to contact you.		
POSITION:	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____		
SIGNATURE:			
DATE:	<small>(DD/MM/YYYY)</small>		

SECTION F: SIGNATORIES TO BE REMOVED

MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>	MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>
FULL NAME:		FULL NAME:	
MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>	MEMBER NUMBER:	<small>(OFFICE USE ONLY)</small>
FULL NAME:		FULL NAME:	

SECTION G: ACCOUNT/ SIGNATORY CHANGES AUTHORISED BY*

I/ We hereby authorise the above account and/or signatory changes to this account:

FULL NAME:		FULL NAME:	
SIGNATURE:		SIGNATURE:	
POSITION:		POSITION:	
DATE:		DATE:	

*To be signed in accordance with existing method of operation.

For Clubs and Associations: I / We have attached a copy of our meeting minutes confirming the signatory changes on our Macquarie Credit Union account/s as detailed above.

OFFICE USE ONLY

CONDITIONS OF USE, FSG, FEES & CHARGES BROCHURE & PRIVACY STATEMENT SUPPLIED

IDENTIFICATION RECEIVED FOR ALL SIGNATORIES

PROOF OF CHANGE OF NAME HELD

COPY MEETING MINUTES CONFIRMING ACCOUNT CHANGES FOR REGISTERED CLUB OR ASSOCIATION

SIGNATORIES MAINTAINED IN ULTRACS ACCOUNT MAINTENANCE

RELATIONSHIP SCREEN UPDATED IN ULTRACS INCLUDING ANY CHANGES TO OFFICE POSITIONS FOR CLUBS & ASSOCIATIONS.

REPLACEMENT CARD/S ORDERED