

## **Application for Third Party Authority to Operate Accounts**

Please give the person named below (the Third Party Signatory) access to operate (via internet, phone, card, and over the counter) and make enquiries in the transactional or savings accounts specified below 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 account;
- make enquiries about available credit on a loan account;
- 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 AM/WE ARE RESPONSIBLE FOR ALL THE SIGNATORY'S TRANSACTIONS.

| SECTION A:    |     | MEMBER NUM |     | (OFFICE USE ONLY) |
|---------------|-----|------------|-----|-------------------|
| ACCOUNT NAME: |     |            |     |                   |
| ACCOUNT TYPE: | □ S | □ S        | □ S | □ S               |

## **SECTION B: THIRD PARTY SIGNATORY DETAILS**

This section must include all signatories to be added. Additional documentation may be required.

| 1st SIGNATORY'S DETAILS |              |              |                 |         |  |                                |  |
|-------------------------|--------------|--------------|-----------------|---------|--|--------------------------------|--|
| TITLE: (Please tick)    | □MR          | □MRS         | □MISS           |         | MS   |                                |  |
| MEMBER NUMBER:          | (OFFICE US   | E ONLY)      |                 |         |  |                                |  |
| SURNAME:                |              |              |                 |         |  |                                |  |
| GIVEN NAMES:            |              |              |                 |         |  |                                |  |
| DATE OF BIRTH:          | (DD/MM/YYYY) |              |                 |         |  |                                |  |
| HOME ADDRESS:           |              |              |                 |         |  |                                |  |
| HOME ADDRESS.           | SUBURB:      |              |                 |         | STATE:                                     | P/C:                           |  |
| POSTAL ADDRESS:         |              |              |                 |         |  |                                |  |
| POSTAL ADDRESS.         | SUBURB:      |              |                 |         | STATE:                                     | P/C:                           |  |
| CONTACT:                | MOBILE:      |              |                 |         | HOME:                                      | WORK:                          |  |
| EMAIL:                  | By provid    | na vaur ema  | il addross abov | /A \/AI | u agree to Macquarie Credit Union usin     | a this address to contact you  |  |
| SIGNATURE:              | Бу ргочіа    | rig your ema | ii dddi ess dbo | re you  | a agree to Placquarie Credit Officir using | g this address to contact you. |  |
| DATE:                   | (DD/MM/      | YYYY)        |                 |         |  |                                |  |

| 2nd SIGNATORY'S DETAILS     |  |                     |                |        |   |                                |
|-----------------------------|--|---------------------|----------------|--------|---|--------------------------------|
| TITLE: (Please tick)        | □MR  | □ MRS               | ☐ MISS         | □ 1    | MS                                      |                                |
| MEMBER NUMBER:              | (OEEICE US   | SE ONLY)            |                |        |   |                                |
| SURNAME:                    | (OFFICE USE ONLY)  |                     |                |        |   |                                |
| GIVEN NAMES:                |  |                     |                |        |   |                                |
| DATE OF BIRTH:              | (DD/MM/  | YYYY)               |                |        |   |                                |
| HOME ADDRESS:               | SUBURB:  | 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. |                     |                |        |   |                                |
| SIGNATURE:                  | - <b>y</b> <sub> </sub>  |                     |                | ,      |   |                                |
| DATE:                       | (DD/MM/  | (DD/MM/YYYY)        |                |        |   |                                |
| Trd CLCN A TODAY            |  |                     |                |        |   |                                |
| 3 <sup>rd</sup> SIGNATORY'S |  |                     |                |        |   |                                |
| TITLE: (Please tick)        | □MR  | □ MRS               | MISS           | 1      | MS                                      |                                |
| MEMBER NUMBER:              | (OFFICE US   | (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 provid  | ing your ema        | il address abo | ve you | u agree to Macquarie Credit Union using | g this address to contact you. |
| SIGNATURE:                  |  |                     |                |        |   |                                |
| DATE:                       | (DD/MM/YYYY)   |                     |                |        |   |                                |



## **Macquarie Credit Union Limited**

ABN 85 087 650 253 AFSL 241132 BSB 802 126

| 4 <sup>th</sup> SIGNATORY'S DETAILS (If required)                              |  |   |  |  |  |
|--|--|---|--|--|--|
| TITLE: (Please tick)   | □MR □MRS □MISS □   | 1MS   |  |  |  |
| MEMBER NUMBER:   | (OFFICE USE ONLY)  |   |  |  |  |
| SURNAME:   | (5.1.62.502.5.12.)   |   |  |  |  |
| 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:   | Du providir a vous appail address about 1917 - Martin Condition  |   |  |  |  |
| SIGNATURE:   | By providing your email address above you agree to Macquarie Credit Union using this address to contact you. |   |  |  |  |
| DATE:  | (DD/MM/YYYY)   |   |  |  |  |
| SECTION C: METHOD OF OPERATION FOR TWO OR MORE SIGNATORIES                     |  |   |  |  |  |
|  |  |   |  |  |  |
| LI ANT ONE TO SIGN   | LI ALL PARTIES TO SIGN   | ☐ OTHER (Please Specify)                              |  |  |  |
| SECTION D: ACCOUNT OWNER/S AUTHORISATION                                       |  |   |  |  |  |
| I/ We hereby authorise the above account/ signatory additions to this account. |  |   |  |  |  |
| MEMBER<br>NUMBER:  |  | MEMBER NUMBER:  |  |  |  |
| FULL NAME:   |  | FULL NAME:  |  |  |  |
| SIGNATURE:   |  | SIGNATURE:  |  |  |  |
| DATE:  |  | DATE:   |  |  |  |
| *To be signed in accordance with existing method of operation.                 |  |   |  |  |  |
| CONDITIONS OF USE, FSG, FEES & CICALATORIES MAINTAINED IN                      |  |   |  |  |  |
|  | OCHURE & PRIVACY   | SIGNATORIES MAINTAINED IN ULTRACS ACCOUNT MAINTENANCE |  |  |  |
| □ IDENTIFICATI SIGNATORIES   | ON RECEIVED FOR ALL  | RELATIONSHIP SCREEN UPDATED IN ULTRACS                |  |  |  |
| □ INTERNET AC  | CESS ALLOCATED   | ☐ REPLACEMENT CARD/S ORDERED                          |  |  |  |