

## 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.**

<b>SECTION A:</b>		MEMBER NUMBER:		(OFFICE USE ONLY)
ACCOUNT NAME:				
ACCOUNT TYPE:	<input type="checkbox"/> S_____	<input type="checkbox"/> S_____	<input type="checkbox"/> S_____	<input type="checkbox"/> 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)	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> 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.		
SIGNATURE:			
DATE:	(DD/MM/YYYY)		

## 2nd SIGNATORY'S DETAILS

TITLE: (Please tick)	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> 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.		
SIGNATURE:			
DATE:	(DD/MM/YYYY)		

## 3rd SIGNATORY'S DETAILS (If required)

TITLE: (Please tick)	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> 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.		
SIGNATURE:			
DATE:	(DD/MM/YYYY)		

#### 4<sup>th</sup> SIGNATORY'S 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.		
SIGNATURE:			
DATE:	<small>(DD/MM/YYYY)</small>		

#### SECTION C: METHOD OF OPERATION FOR TWO OR MORE SIGNATORIES

ANY ONE TO SIGN     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 NUMBER:		MEMBER NUMBER:	
FULL NAME:		FULL NAME:	
SIGNATURE:		SIGNATURE:	
DATE:		DATE:	

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

#### OFFICE USE ONLY

<input type="checkbox"/> CONDITIONS OF USE, FSG, FEES & CHARGES BROCHURE & PRIVACY STATEMENT SUPPLIED	<input type="checkbox"/> SIGNATORIES MAINTAINED IN ULTRACS ACCOUNT MAINTENANCE
<input type="checkbox"/> IDENTIFICATION RECEIVED FOR ALL SIGNATORIES	<input type="checkbox"/> RELATIONSHIP SCREEN UPDATED IN ULTRACS
<input type="checkbox"/> INTERNET ACCESS ALLOCATED	<input type="checkbox"/> REPLACEMENT CARD/S ORDERED