

AUTHORITY TO OPERATE



banking you can trust

ADDITIONAL SIGNATORY DETAILS

Name

Are you an existing LCU member? Yes Member No

*Please sign & date below ***

No

Please provide all additional details ## & I.D.

Date of Birth

Address:

Phone: Home Work

Mobile Email:

** Signature Date

ACCOUNT HOLDER DETAILS

I hereby authorise

whose signature & details appears above to operate on account(s) held in the name of

Member Number

The following access is hereby authorised:

- Balance enquiries on all accounts
- Obtain statements on all accounts
- Sign on member cheques
- Make withdrawals on savings accounts
- Internet access Yes No

I/we agree to indemnify the Credit Union against any loss damage or penalty which it may incur arising out of the operation of this authority, provided that the credit union has acted within the terms of this authority. I/we declare that the credit union may act on this authority until it has received my/our written instructions to the contrary.

MEMBER'S SIGNATURE DATE

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NO. OF PARTIES TO SIGN EITHER BOTH OTHER

OFFICE USE:

- Obtain ID for signatory
- Update LCU signatory card and note on card that authority is in member's file
- Member chequing signatory card

Laboratories Credit Union Limited

ABN 77 087 650 217

AFSL/Australian Credit Licence 240807

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