

### ADDITIONAL SIGNATORY APPLICATION

**I / We hereby authorise:**

Member Number \_\_\_\_\_ Account Type  Single  Joint  Minor

Title  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

Surname(s) \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address (if different from Residential) \_\_\_\_\_

Contact Details Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Licence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**To have full access / control of Membership:**

Member Number \_\_\_\_\_ Membership Name \_\_\_\_\_

Authority until further notice / date specified \_\_\_\_\_ (Delete not applicable)

**Declarations**

1. The member(s) designated on this application for signatory form has / have authorised the Credit Union to permit any of them to:
  - Operate the account(s)
  - Deposit and/or Invest money in the account(s) for any term
  - Negotiate any cheques in the member(s) name
  - Draw and sign any cheques
  - Give instructions as to disposal of interest
  - Give authorities for periodical payments and direct debits
  - Withdraw and/or transfer all or any moneys standing to the credit of the account
  - Obtain statements of the account(s) and any information concerning the account generally
  - To give a third party authority to operate the account
2. The person(s) authorised to operate the account(s) as designated on this application for signatory form shall indemnify the Credit Union for any liability arising out of the account(s) and, where more than one, the indemnity shall be joint and several
3. Government taxes may apply to accounts and will be debited monthly.
4. Fees and Charges apply and are detailed in the membership application.
5. I/we apply for membership of Bankstown City Credit Union Ltd.
6. I/we understand that upon becoming a member, I/we are bound by the Constitution of the Credit Union.
7. I/we have read and understand that terms and conditions that apply to this application contained therein and the Terms & Conditions brochure provided with the application.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signatory Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**

- Sufficient Identification
- Fees & Charges brochure provided

Staff Member \_\_\_\_\_ Date \_\_\_\_\_