

Add or Delete an Authorised Signatory



Membership Details (PLEASE PRINT IN BLOCK LETTERS)

Membership Name	Member Number
-----------------	---------------

Add a signatory (PLEASE PRINT IN BLOCK LETTERS)

I/We hereby authorise (person mentioned below) to be an authorised signatory on the following account Savings Investments All accounts

Title	Given Name	Surname	Member No.
Name by which you are commonly known (if different from above)			
Marital Status (optional)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Residential Address	Street No & Name	Suburb	
State	Postcode		
Drivers Licence Number			
Home Phone		Work Phone	
Mobile		Email	

Are you an Australian citizen? Yes No If No country of citizenship?
Are you an Australian resident? Yes No If No country of residency?
Are you a resident for tax purposes of another country? Yes No If Yes complete an individual Tax residency form
Are you a Politically Exposed Person (PEP) Yes No

A person or that has been entrusted with prominent public position or function in an Australian government body or foreign country or a close relative or associate of a PEP.

Acknowledgement of Member: Rights for an Authorised Signatory

- Transact on accounts by deposit, withdrawal or transfer
- Request documents 'current' on the bank's system excluding loan documents
- Open, alter, close and apply to redeem a term deposit
- Open and close sub accounts excluding loan accounts
- Arrange periodical payments and direct debits
- Request to alter statement cycle
- Request loan payout balance
- Stop payment on cheques
- Register for BPAY
- Alter payroll deduction authorities
- Remove themselves as a signatory

Account facilities required

Internet Banking Access Visa Debit card

Method of operation

Anyone to sign All to sign Other (specify) _____

Signature of Authorised Signatory

x	Date / /
---	----------

Delete a Signatory (PLEASE PRINT IN BLOCK LETTERS)

I/We authorise Australian Mutual Bank Ltd to remove the persons named below as a signatory from this membership

Please list names of all persons to be removed from the membership

--

Current Signatory (PLEASE PRINT IN BLOCK LETTERS)

I/We confirm the listed authorised person/s mentioned below as active authorised signatories on this membership account.

Declaration (PLEASE PRINT IN BLOCK LETTERS)

I/We the undersigned being the owners of this membership, apply to change the signatories of the account, as indicated above. I/We certify that I/We are the survivor/survivors of the persons who were last authorised to operate the account.

Signature

x	Date / /
---	----------

Signature

x	Date / /
---	----------