

## Cancellation authority to Operate/Power of Attorney

Please cancel the Authority to Operate/Power of Attorney previously given to:

Title	Given Names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member no

OFFICE USE Account or P

Account name

**Please tick appropriate box(es):**

- I/We enclose the following items issued to the abovenamed:
- rediCARD       Visa debit card       Cheque Book

**OR**

- The above named was not issued with access to this account.

Refer to our Fees and charges brochure for details on fees and charges.

<b>SIGN IN BLACK PEN ONLY</b>	Member's signature	Date
	<input type="text"/>	<input type="text"/>

**Please return this form:**

**By mail to:** Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128

**By fax to:** (02) 9704 8205