

## Transfer of signatory rights

### Faxed documents cannot be accepted

By completing this form the under 18 member will become the signatory to their account and the adult will come off as signatory. This will allow the under 18 member to deposit and withdraw money, have a rediCARD and transact online (if over 10 years old).

A rediCARD can be obtained by completing an *Under 18 Account rediCARD Application* form. The current signatory can continue to operate this account by completing a *Third Party Authority to Operate* form.

Both forms are available at [teacherscreditunion.com.au](http://teacherscreditunion.com.au) or by calling **13 12 21** 8am to 7pm, weekdays or 9am to 3pm, Saturday.

### Current signatory (to be completed by the adult signatory on the account)

Title	Given names	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member no			
<input type="text"/>			

**I authorise the transfer of signatory rights to the person below:**

### New signatory (to be completed by the child)

Title	Given names	Surname	Member no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		Postcode	Home phone
<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal address		Postcode	
<input type="text"/>		<input type="text"/>	
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		

**Password:** The following password will be used to identify you along with other general questions, when you make any enquiries on your account. It will assist in the prevention of fraud on your account. If you forget your password, the answer to mother's maiden name will assist us in identifying you: Password  Mother's maiden name

*I agree to receive the terms and conditions for Under 18 Accounts by going to [teacherscreditunion.com.au](http://teacherscreditunion.com.au) or by calling **13 12 21** 8am to 7pm, weekdays or 9am to 3pm, Saturday. I also agree that I should read the terms and conditions before using any product and retain a copy. I agree to be bound by the terms and conditions of any savings account. I agree to be bound by the Teachers Credit Union Constitution, copies of which are available on request. I agree that you may charge my member share or any account balance for any debt I owe you. I authorise Teachers Credit Union to send me marketing information on Credit Union and third party products. I know I can opt-out via verbal or written request. Refer to the Fees and charges brochure for details on fees and charges which may apply.*

<b>SIGN IN BLACK PEN ONLY</b>	Signature of current signatory (adult)	Date	Signature of new signatory (child)	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please return this form:**

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

**As we require your original signatures, we cannot accept a faxed copy of this form.**

Office use only: Ltr <input type="checkbox"/> Other <input type="checkbox"/> RC <input type="checkbox"/> ATO <input type="checkbox"/> Dept no <input type="text"/> Rel Mbr Sig <input type="checkbox"/> Op <input type="checkbox"/> SScan <input type="checkbox"/> Op <input type="checkbox"/> Date <input type="text"/>
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