

## Third party authority to operate

### Individual and joint accounts

**This authority cancels all existing authorities you have lodged previously**  
**Faxed documents cannot be accepted**

#### Member (account holder) details

**For joint accounts, all persons details and signatures are required.**

##### First account holder

Title  Mr  Mrs  Ms  Miss Other

First name  Middle name

Surname

Member no  Date of birth

##### Second account holder

Title  Mr  Mrs  Ms  Miss Other

First name  Middle name

Surname

Member no  Date of birth

#### Account details - tick which accounts the authority may operate

- S1 Everyday account
- S1 Everyday Direct account
- S2 Bill Paying account
- S3 Online Savings account
- S6 Reward Saver account
- S10 Cash Management account
- S25 Christmas Savings account
- S55 Cash Management account (Edvest members only)
- Other  account (Excluding term deposits, Teachers Credit Card and loan accounts)

#### Account signing authority as authorised by the account holder/s

Method of operation for one or more signatories:

- Either to sign  All parties to sign

#### Account access authority as authorised by the account holder/s

**I/we as the account holder/s give permission for the authorised signatories to have access to the following:**

**Please tick**

- Internet banking
- Visa debit card
- rediCARD
- Cheque book

**Completed application forms must be sent with this application before the access methods are actioned.**

#### Declaration

Please give the person/s named overleaf (**the authorised signatory**) access to operate the transactional, savings or deposit accounts specified above.

- ▶ **I/We are responsible for all transactions the authorised person carries out on my/our account.**
- ▶ **I acknowledge that Teachers Credit Union will not be liable for any act done under this authority and agree to indemnify Teachers Credit Union against any loss, damage or penalty which it may incur arising out of the operation of this authority, provided that Teachers Credit Union has acted within the terms of this authority.**

**Signature of first account holder (person 1)**

**Date**

**Signature of second account holder (person 2)**

**Date**

**This section is to be completed by the new authorised signatories. If they are not a member of Teachers Credit Union, they will need to complete the Document Certification Statement form.**

**1st authorised signatory**

Title  Mr  Mrs  Ms  Miss Other

First name  Middle name

Surname

Member no (if a member)  Date of birth

**Residential address**

Unit/Floor/Street no  Street

Suburb/Town

State  Postcode

Home phone  Mobile phone

Work phone

**2nd authorised signatory**

Title  Mr  Mrs  Ms  Miss Other

First name  Middle name

Surname

Member no (if a member)  Date of birth

**Residential address**

Unit/Floor/Street no  Street

Suburb/Town

State  Postcode

Home phone  Mobile phone

Work phone

**Signatory declaration**

I have received, read, understood and agree to be bound by the terms and conditions of the Teachers Credit Union authority to operate as the authorised signature/s.

**1st authorised signatory's signature**  **Date**

**2nd authorised signatory's signature**  **Date**

**Authority to operate terms and conditions**

- 1 You the account holder may authorise a third party (a signatory) to have access to operate the transactional or savings accounts as specified or, in the case of a joint account, that account only, to do the following:
- 2 The authorised signatory has authority to:
  - (a) carry out withdrawals on the account, for any purpose, including signing cheques;
  - (b) make enquiries about account balances and transactions on the account, including any debit balance or available credit on transaction, savings or term deposit accounts.The authorised signatory/ies do/es not have authority to:
  - (a) change any of the signatory authorisations on the account;
  - (b) give a third party access or authority to operate on the account;
  - (c) make enquiries about loan account balances or available credit on a loan account (except for transactional accounts);
  - (d) change account details, including the mailing address for statements, or close the account;
  - (e) terminate your membership of Teachers Credit Union;
  - (f) apply for a loan, RediCredit or Teachers Credit Card;
  - (g) change your direct pay or allocate your pay to another person;
  - (h) change your PIN on your card;
  - (i) apply for or process a loan redraw.
- 3 You can request in writing the method of operation for the account. This may be either:
  - (a) any account holder or signatory to sign (ie operate); or
  - (b) all account holders and signatories to sign; or
  - (c) another method which you specify and which is acceptable to us.Any changes to an authority to operate must be requested by you in writing.
- 4 If a rediCARD, Visa debit card or other card is issued on an account, the method of operation for the account will be any account holder or signatory to sign.
- 5 An authority to operate will remain in force until we receive written notice of cancellation or written notice of the death of the person granting the authority and that written notice has been processed by us. Notice of cancellation must be signed by all surviving account holders. We may require a new authority to operate before we allow further operation on the account.
- 6 If there is a dispute notified to us about an authority to operate or the owner or owners of an account we may refuse to allow operation on the account until all parties concerned have signed the necessary authority.
- 7 We will not allow a person to operate on an account until his or her identity has been verified in accordance with credit union procedures.
- 8 We are not liable for any loss or damage caused to you by persons authorised to operate on your account, except where it arises from fraudulent conduct by our agent or employee or if we are liable under statute or the EFT Code of Conduct.
- 9 We are not liable for any loss or damage caused by any delay in processing a cancellation of an authority to operate.

**Please return this form by mail to:** Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128  
**As we require your original signature, we cannot accept a faxed copy of this form.**