

AUTHORITY FOR SECOND USER

To protect your Credit Union savings, only the Member is normally allowed to access their own Savings Account(s).

However, under certain conditions you can give permission for a second user to access your Accounts. To do so:

- You and your Authorised Second User must first attend the Credit Union Office together, both be photographed for our records and complete and sign this form; and
- Your Authorised Second User must provide us with acceptable proof of their name and address.

If you wish to cancel this authority, you must notify us immediately as we cannot be held responsible for any transactions your Authorised Second User makes without your knowledge.

My Details	My Authorised Second User
Name	Name
Member Number	Address
Address	
	Postcode
Postcode I give permission for the person named on	Signature
this form as my Authorised Second User to access my Credit Union Share Account(s) as follows:	Date
Please tick one box	Witnessed by Credit Union Officer:
☐ Information access – eg obtain statement or balance only	Name
□ Full access – eg make Withdrawal, take	Signature
loan agreement away for signing	Date
I understand and agree that it is my responsibility to notify the Credit Union immediately if I wish to cancel this authority.	Details of Proofs of Identity obtained:
Signature	2
Date	