



**Third Party to Operate  
 Individual and Joint Accounts**

Please give the person(s) named overleaf (**the Signatory**) access to operate the transaction, savings or deposit accounts specified below, to do the following:

- carry out withdrawals on the account, for any purpose, including signing cheques;
- make enquiries about account balances and transactions on the account, including any debit balance or available credit on a transactional account.

**The Signatory** does NOT have authority to:

- change any of the signatory authorisations on the account;
- give a 3<sup>rd</sup> party access or authority to operate on the account;
- make enquiries about loan account balances or available credit on a loan account (except for transactional accounts)
- change contact details, including the mailing address for statements, or close the account.

<input type="checkbox"/> <b>This authority cancels all existing authorities I/we have given you</b>	
<input type="checkbox"/> <b>I/We are responsible for all the Signatory's transactions</b>	
<input type="checkbox"/> <b>ACCOUNT NAME:</b>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> <b>MEMBERSHIP NUMBER:</b>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> <b>All Accounts</b>	<input type="checkbox"/> <b>OR individual accounts as follows:</b>
<input type="checkbox"/> Access Account (101)	<input type="checkbox"/> Savings Account (102)
<input type="checkbox"/> Deeming Account (108)	<input type="checkbox"/> Christmas Club (105)
<input type="checkbox"/> Cash Management Account (104)	<input type="checkbox"/> 30 Day Notice Account (106)
<input type="checkbox"/> 11am Call Account (111)	<input type="checkbox"/> Term Deposit Account (110)
<input type="checkbox"/> Other Special Purpose Account	
<b>For joint accounts, all parties to the account are to provide their particulars and sign below</b>	
<b>(1) Surname</b> <input style="width: 100%;" type="text"/>	<b>(2) Surname</b> <input style="width: 100%;" type="text"/>
<b>First Name</b> <input style="width: 100%;" type="text"/>	<b>First Name</b> <input style="width: 100%;" type="text"/>
<b>Sign</b> ..... <b>Date</b> .....	<b>Sign</b> ..... <b>Date</b> .....
<b>(3) Surname</b> <input style="width: 100%;" type="text"/>	<b>(4) Surname</b> <input style="width: 100%;" type="text"/>
<b>First Name</b> <input style="width: 100%;" type="text"/>	<b>First Name</b> <input style="width: 100%;" type="text"/>
<b>Sign</b> ..... <b>Date</b> .....	<b>Sign</b> ..... <b>Date</b> .....



## Authorised Signatories

M/ship No:	<input type="text"/>	Email address	<input type="text"/>
Title	<input type="text"/>	Home Phone:	<input type="text"/>
Surname	<input type="text"/>	Daytime Phone:	<input type="text"/>
Given Names	<input type="text"/>	Mobile Phone:	<input type="text"/>
Drivers Licence Number	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		Post Code <input type="text"/>
Specimen Signature if a signatory:	<input type="text"/>		

M/ship No:	<input type="text"/>	Email address	<input type="text"/>
Title	<input type="text"/>	Home Phone:	<input type="text"/>
Surname	<input type="text"/>	Daytime Phone:	<input type="text"/>
Given Names	<input type="text"/>	Mobile Phone:	<input type="text"/>
Drivers Licence Number	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		Post Code <input type="text"/>
Specimen Signature if a signatory:	<input type="text"/>		

Account Method of Operation:

- Any One to Sign
- All parties to sign
- Other (specify)

### ACCESS FACILITIES

Please issue the following access facility(ies) to the signatories:

- |  |  |
|--|--|
| <input type="checkbox"/> Internet Banking  | <input type="checkbox"/> Telephone Banking     |
| <input type="checkbox"/> Redicard (available only to "any one" signing authority) to operate on my | <input type="checkbox"/> Access Account (101)  |
|  | <input type="checkbox"/> Deeming Account (108) |
| Issue card to <input type="checkbox"/> Signatory 1   | <input type="checkbox"/> Signatory 2           |
| You will need to acknowledge receipt of Redicard and PIN to allow activation of the service.       |  |
| <input type="checkbox"/> Cheque book to operate on my  | <input type="checkbox"/> Access Account (101)  |
|  | <input type="checkbox"/> Deeming Account (108) |
| <input type="checkbox"/> NAB deposit book  |  |

The name on the cheque book will be the same as the account name.

The law requires us to verify your identity when you open an account, change your name or when you become a signatory to an account

You are required to provide the following identification with your application:

One document from List A **AND** one document from either List B or List C  
(or two documents from List A)

**List A.** an original or certified copy of a primary photographic identification document

- current licence or permit
- proof of age card
- passport (current or expired within two years)

**List B** an original or certified copy of a primary non-photographic identification document

- birth certificate or birth extract
- citizenship certificate
- Government or Centrelink benefit, pension or concession card,

**List C** an original or certified copy of a secondary identification document

- a notice issued by the Commonwealth, a State or Territory within the preceding twelve months;
- Tax Assessment Notice (not more than 12 months old)
- Council rates notice or utilities Notice (not more than 3 months old)
- If you are under the age of 18, a notice issued by a school that contains your name and residential address; and the period of time that you attended the school.

**Person who can certify documents under the terms of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006:**

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
2. A judge of a court
3. A magistrate
4. A chief executive officer of a Commonwealth Court
5. A registrar or deputy registrar of a court
6. A Justice of the Peace
7. A notary public (for the purposes of the Statutory Declaration Regulations 1993)
8. A police officer
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
12. A credit union, building society or bank officer with 2 or more continuous years of service.
13. A finance company officer with 2 or more continuous years of service.
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
16. A Commissioner for Declarations
17. A Commissioner for Affidavits

**Please complete this Cheque Signing Authority signature card**

ACCOUNT NAME		BSB No.	FI No.	LINK No.	CD
		0 8			
		<input type="checkbox"/> New Account	<input type="checkbox"/> Variation to existing account (Link Number Retained)		
SPECIMEN SIGNATURES		SIGNING SPECIFICATION			
1.	2.	<input type="checkbox"/> Any one may sign <input type="checkbox"/> All parties to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> Other (Specify Below)			
3.	4.	.....			
5.	6.	.....			
Authority Effective from ...../...../.....		Officer	CUSCAL		
Lender:		<b>CHEQUE ACCOUNT SIGNATORY CARD</b>			BMS MC1

**Checklist**

To ensure that we receive all the information required to process your Third Party to Operate request, please complete the checklist below:

- Third Party to Operate form completed and signed
- Certified copy of signatory's identification completed
- Cheque signing authority completed (where necessary)

Once you have completed the checklist above, please send by post to:

Pulse Credit Union Ltd  
 P.O. Box 1107  
 Melbourne  
 Victoria 3001