


Authority to Operate – Third Party

Personal Accounts Only (Not to be used for lending or credit facilities e.g. home loans, credit cards etc)

 **Important Information**
 Signing this form increases your exposure to the risk of financial abuse. By signing, you are giving the person(s) named in section 2, the same authority you have in respect of your account(s), including the ability to withdraw all or some of the funds held in your account(s) without notice to you. For this reason, you should carefully consider whether or not providing this authority is the most suitable option for you.

Section 1 – Account details

Date	Branch number(s)	Account number(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Full account name

Section 2 – Person(s) authorised to operate on the above account(s)

By signing below, each Authorised Signatory:

- * Acknowledges that the Bank collects their particulars in order to allow them to operate on the account(s)
- * Confirms the details they have provided are true and correct
- * Declares that they will exercise the Authority to Operate set out in this form, in the best interests of and/or as directed by the account holder(s) named in this form, at all times, and that they will not use the Authority for their own personal benefit or gain.

Authorised Signatory 1

Full given name(s)	Surname	
<input type="text"/>	<input type="text"/>	
Signature	Date	Customer (CIF) ID (Bank use only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorised Signatory 2

Full given name(s)	Surname	
<input type="text"/>	<input type="text"/>	
Signature	Date	Customer (CIF) ID (Bank use only)
<input type="text"/>	<input type="text"/>	<input type="text"/>


Method of operation
 Either to operate Both to operate

Section 3 – Account Holder Authority and Acknowledgements

By signing below I/we:

- * Authorise the signatories in Section 2 in accordance with the specified method of operation, to operate the account(s) in Section 1 in any manner except varying or cancelling this Authority
- * Acknowledge that the Bank is authorised to act upon this Authority until it receives a 'Request to Cancel Authority to Operate – Third Party' signed by all account holders
- * Declare that I/we have read and understand the IMPORTANT INFORMATION outlined at the top of this form.

Signature of Account Holder 1	Date
<input type="text"/>	<input type="text"/>
Signature of Account Holder 2	Date
<input type="text"/>	<input type="text"/>

 **Please note:** This must be signed by all account holders

Bank use only – Please tick (✓) the relevant boxes below

Mandatory

- CommSee Client Profile exists or has been created for each individual signatory in Section 2 and the Identity Verified flag is set to 'Yes'. I have recorded the CommSee Client Profile number beside each signatory in Section 2
- Signature of **all** party's to this authority (Sections 2 & 3) verified
- I have read the following mandatory scripting to the customer: "Signing this form increases your exposure to the risk of financial abuse. By signing, you are giving the person(s) named in section 2, the same authority you have in respect of your account(s), including the ability to withdraw all or some of the funds held in your account(s) without notice to you. For this reason, you should carefully consider whether or not providing this authority is the most suitable option for you."

Optional

- Account linked to Authorised Signatory's Debit/Credit Card – **this can only be requested in person by the Authorised Signatory (method of operation must be either to operate)**
- Account linked to Authorised Signatory's NetBank facility – **this can only be requested in person by the Authorised Signatory (method of operation must be either to operate)**
- Third Party's black light signature recorded in customers passbook

If this authority is replacing a previous authority

- 'Request to Cancel Authority to Operate – Third Party' 005-232 completed and actioned

By signing below you acknowledge that you have completed the actions marked above including both mandatory items

Staff name

Staff signature

Date