



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 (DD/MM/YYYY)	Branch number(s)	Account number(s)
<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 the Bank collects their personal information including name, email address, and postal address, to identify them in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act and to enable them to operate the above account(s) in accordance with this Authority to Operate. If the Bank does not collect this information, it is unable to comply with this request. For more information about how the Bank's handles your personal information, including how you may access or correct your information or make a complaint, please see the Privacy Policy available on our website.
- Confirms the details they have provided are true and correct.
- Declares they will exercise this Authority to Operate 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 this Authority for their own personal benefit or gain.

Authorised signatory 1

Title Mr Mrs Miss Ms Other

Full given name(s) Surname

Other names known by (if any) Date of birth (DD/MM/YYYY)

Occupation

Residential address (PO Box is not acceptable)

State Postcode

Postal address (Note: this will not be applied to account addresses. To update account addresses please contact Banker)

State Postcode

Email address Telephone number

Customer (CIF) ID (Bank use only) Signature Date (DD/MM/YYYY)

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

Authorised signatory 2

Title Mr Mrs Miss Ms Other

Full given name(s) Surname

Other names known by (if any) Date of birth (DD/MM/YYYY)

Occupation

Residential address (PO Box is not acceptable)
 State Postcode

Postal address (Note: this will not be applied to account addresses. To update account addresses please contact Banker)
 State Postcode

Email address Telephone number

Customer (CIF) ID (Bank use only) Signature Date (DD/MM/YYYY)

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.

Account Holder 1

Signature Date (DD/MM/YYYY)

Account Holder 2

Signature Date (DD/MM/YYYY)



Please Note:

This must be signed by all account holders.

▶ Form continued next page

Thank you for completing this form

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
- KYC details have been captured and recorded for authorised signatories 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
(DD/MM/YYYY)