



288 Summer St, Orange NSW 2800
 Ph. (02) 6362 4466
 Fax. (02) 6391 5282
 ABN 34 087 650 477 AFSL 240768

Authority to Operate

Date Member Number

In accordance with Section 18 N (1) (ga) (ii) of the Privacy Act 1988, I hereby authorise:

Name of Person to Authorise

Address of Person to Authorise

whose signature appears below, to operate on account(s) held in the name of:

Name of Account(s) holder

The following access is hereby authorised (please select all that apply):

- Savings Accounts Full Authority to Operate Obtain information and change details Balance only
- Loan Accounts Full Authority to Operate Obtain information and change details Balance only
- Term Deposits Full Authority to Operate Obtain information and change details Balance only

I/we agree to indemnify the Orange Credit Union against any loss or damage or penalty which may occur arising out of the operation of this authority, provided that the Orange Credit Union has acted within the terms of authority. I/we declare that Orange Credit Union may act on this authority until it has received my/our written instructions to the contrary.

Member Full Name Date

Please print completed form and sign below as appropriate.

Signature of Member

Signature of Person Authorised

RETURNING THIS FORM

MAIL: Orange Credit Union, 288 Summer ST, Orange, NSW 2800 **FAX:** (02) 6391 5282

OFFICE USE ONLY

- Signatories verified: Yes No
- Security questions asked and updated on the system: Yes No
- New signatory added (P&R - maintain account (P60M) - Client details Yes No
- '00' message loaded with type of authority (P&R - Client diary) Yes No
- Authority to operate form attached to signature card Yes No

Op No.

Date