



DATE

MEMBER'S NAME

MEMBER ACCOUNT #

REQUIRED DOCUMENTS

- 2 valid IDs (Passport AND Driver's Licence or Voter's Registration Card).
- A job letter no older than 30 days, addressed to The Credit Union.
- Completed Authorized Signatory Profile Form

AUTHORISED SIGNATORY REQUEST

I here authorize (Name of Person)

(Relationship of Person) to conduct any business transactions on my account with the exception of the below terms.

MEMBER SIGNATURE

WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC)

AUTHORIZED SIGNATORY

WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC)

REMOVAL OF SIGNATORY

Please Remove (Name of Person)

(Relationship of Person) as an authorized signatory from my account.

MEMBER SIGNATURE

WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC)

TERMS

- This is not an authorization for a joint account. An Authorized Signatory may be removed from the above stated account by the Member without notice to the Authorized Signatory.
- This Authorized Signatory mandate will cease upon knowledge of the Member's death.
- Applications for Loans, Cash Advances, Opening Sub Accounts, Additional Account and Closing of Accounts must be completed by the Member solely.

I have read and understood the above terms.

Authorized Signatory

FOR INTERNAL USE ONLY

RECEIVED BY

UPDATED BY



INTERNAL USE ONLY

Is the member a Politically Exposed Person:

Yes

No

Approved
by Business
Unit:

Approved by
Compliance:

Officer
Processing the
Application:

	NAME & SIGNATURE	ROLE	DATE
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