



ABN 16 087 651 590

Date:

Entity's Name

Account Number

Please replace all existing signatories with the new signatories specified below:

Person 1

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"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
		Post Code	<input type="text"/>
Signature:	<input type="text"/>		

Person 2

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"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
		Post Code	<input type="text"/>
Signature:	<input type="text"/>		

Person 3

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"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
		Post Code	<input type="text"/>
Signature:	<input type="text"/>		

Person 4

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"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
		Post Code	<input type="text"/>
Signature:	<input type="text"/>		

> Unincorporated Association Signatories

I/We the signatory(ies) named above indemnify the Credit Union for the amount by which the account is overdrawn.

> Entity's Authorisation of New Signatories

The Board of Directors of the company or the Committee of the unincorporated association resolved that:

1. the person(s) specified as signatories be authorised to sign on the company member's behalf on any of the company's accounts with the Credit Union.
2. where there are 2 or more signatories, the account signing authority will be as follows:

- Any One to Sign** **Any Two to Sign** **All parties to Sign**

I confirm that this is a true copy of the resolution.

Yours faithfully

.....
Chairman

.....
Please print name

Office Use Only:

Record of Identification Procedures for signatories who are not members

<input type="checkbox"/> For Signatory 1: Customer Identification Procedure – Individual carried out and document(s) produced were:	<input type="checkbox"/> For Signatory 2: Customer Identification Procedure – Individual carried out and document(s) produced were:
<input type="checkbox"/> For Signatory 3: Customer Identification Procedure – Individual carried out and document(s) produced were:	<input type="checkbox"/> For Signatory 4: Customer Identification Procedure – Individual carried out and document(s) produced were:

Return completed form to:



MELBOURNE UNIVERSITY
CREDIT UNION LIMITED

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