

# Authority to Operate on Membership

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SGE Credit Union Ltd  
 ABN 72 087 650 637  
 AFSL 238311

Member number

Member name(s)

I/We hereby authorise the following person to operate on my account

Title	<input type="text"/>	Surname	<input type="text"/>		
Member Number (If applicable)	<input type="text"/>	Given name(s)	<input type="text"/>		
Residential	Street number and name	Suburb	State	Postcode	

Postal address (leave blank if same as above)

Prefix and box number	Suburb	State	Postcode
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Contact phone numbers

Work	Home	Silent Y / N
Mobile	Fax	

Email

Date of birth

New Signatory to sign

Signature

Under this authority my agent may (subject to the terms and conditions of the relevant account and proof of identity):  
 Deposit money into any account.

Withdraw money from any account including an Investment Account or Loan Account (including a redraw facility).

Authorise SGE Credit Union to establish a periodical payment or direct entry/credit on my Savings Account.

Obtain statements of account and any other account information by mail, phone or over the counter at any SGE Credit Union branch.

I authorise the credit union to act upon this authority until I have revoked it in writing.

I agree to abide by the conditions of use which I have read and understood.

I acknowledge that my signature on this application form signifies my acceptance of these conditions of use.

Member 1	Signature <input type="text"/>	Date <input type="text"/>
Member 2	Signature <input type="text"/>	Date <input type="text"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Credit Union Staff will complete this section

Completed by

Member 1 verified  Member 2 verified  Signatory verified

Date