

Account Authority Request Form



bcu is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
 PO Box 1563, Coffs Harbour, NSW 2450
 T 1300 228 228 | W bcu.com.au

IMPORTANT THINGS YOU SHOULD KNOW

You may nominate and authorise a third party to either operate or enquire on your account(s). If the Third Party is **not** an existing Member of bcu we will need to confirm their identity, and they must become a Member of bcu.

All transactions on your account authorised by the Third Party will be treated as having been authorised by you and you will be responsible for these transactions as if you had authorised them yourself.

Change of Method of Operation on a Joint Account

I/We _____ Member Number(s) _____

Nominate the following Method of Operation on Account: _____ No To Sign (eg 1 or 2)

Adding or Changing An Authority to Operate

I/We _____ Member Number(s) _____

hereby authorise the following Third Party:

(full name of Third Party) _____ Member Number _____ of

_____ to operate the following accounts as set out below.

(residential address required)

Account No.	Internet Banking	Card Access	Number to Sign
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Adding or Changing An Enquiry Only Access (no authority to authorise transactions)

I/We _____ Member Number(s) _____

hereby authorise the following Third Party:

(full name of Third Party) _____ Member Number _____ of

_____ to enquire on the following accounts:

(residential address required)

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I/ We authorise the Third Party to have limited Internet Banking access solely to create and update batch payments and/ or view my/our accounts as noted above. The Third Party will not have access to transact in any capacity on my/our accounts.

Removing Authority on an Account

I/We _____ Member Number(s) _____

hereby request the removal of _____ as an authority on the following account(s): _____

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By signing below I confirm that I have read and understood the Privacy Statement, Consent and Declaration **on the reverse of this form.**

Name _____ Date _____
 Member's Signature

Name _____ Date _____
 Member's Signature

Name _____ Date _____
 Authorised Third Party Signature

PRIVACY STATEMENT AND CONSENT

You agree that personal information about you provided to us at any time in regard to a facility may be held and used by us to assess and process your request, execute your instructions, comply with legislative/regulatory requirements, and contact you if necessary to complete your request and advise you of other products/services that may be of interest to you (unless you ask us not to). When you give us personal information about another person you represent that you are authorised to do so and agree to inform the person who we are, that we will use and disclose the information for the relevant purpose set out above and that they can access the information we hold about them. We are required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to collect information to identify you, and or any nominated Third Party. Without your information we may not be able to process your request. You agree we may disclose personal information about you, as appropriate, to our related bodies corporate, agents, contractors and organisations for verifying your identity, your agents, law enforcement, regulatory and government bodies, payment systems operators, your and our insurers or prospective insurers and their underwriters, any person we consider necessary to execute your instructions. You may access information we hold about you at any time in accordance with the Privacy Act 1988 by calling 1300 228 228.

DECLARATION

1. I/We authorise the above named Third Party to operate the account(s) specified above. I we acknowledge that this Authority extends to the Third Party accessing all available funds in the account.
2. I/ We are liable for all transactions on the account including those conducted by the above named Third party.
3. I/We can cancel this Authority at any time by notice to the Bank. When the Bank receives notice of cancellation the notice will be effective:
 - a) In respect of future transactions and instructions by the Third Party on the account except for Debit Card transactions. I/We will continue to be liable for Debit Card transactions until the card is returned to the Bank or the Bank is satisfied that the card has been destroyed.
 - b) Will have no effect on transactions and (such as a cheque drawn) and instructions given by the Third Party to the Bank (such as ongoing periodical payments and direct debit authorities) unless I/We give the Bank specific instructions to the contrary.
4. I/We acknowledge that if the above named Third Party is requested to have Enquiry Only access they will not be able to authorise transactions in any capacity
5. I/We confirm that the Bank may act upon this Authority until it has received my/our written instructions or until my/our death/s or impairment upon which this Authority ceases to have effect.
6. I/We acknowledge that the above named Third Party is obliged to advise the Bank as soon as is practicable of my/our death or impairment and agrees to do so by signing this Authority. I/We or my/our estates/s agree to indemnify the Bank against any loss, damage or penalty which the Bank may incur from the operation of this Authority.

OFFICE USE ONLY

Officer _____ Operator # _____ Date _____
 Method of Operation Checked Identification No./Exp _____
Checked by _____ Operator # _____