

# Cancellation of Authority to Operate

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 ABN 72 087 650 637  
 AFSL 238311

I / We wish to alter the Third Party Operators to this Membership.

Member number

Member name(s)

**Delete the following operators**

Signatory 1	Full name	Member number
Signatory 2	Full name	Member number
Signatory 3	Full name	Member number
Signatory 4	Full name	Member number

**Keep the following operators**

Signatory 1	Full name	Member number
Signatory 2	Full name	Member number
Signatory 3	Full name	Member number
Signatory 4	Full name	Member number

For withdrawals, I / we require (please select one):

only 1 person to sign.

at least  people to sign.

all people to sign.

I / We understand that this authority gives full access to the Membership and all of its accounts.  
 I / We understand that this authority supersedes any previous arrangement, which means that any existing signatory not listed on this form will be deleted.

Authorised Signatory 1	Signature	Date
Authorised Signatory 2	Signature	Date

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**

To be completed by Branch

- Signatures verified
- Cheque Account Signature Card attached (if applicable)
- Authority to operate form attached (if applicable)

Taken by

Branch

Date

To be completed by Member Services Department

Completed by

Date