

Account Authority Request Form



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
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 T 13 25 77 | W pnbank.com.au

IMPORTANT THINGS YOU SHOULD KNOW

You may nominate and authorise a Third Party to operate on your savings account(s). If the nominated party is **not** an existing Member of P&N Bank we will need to confirm their identity, and they will be required to become a Member of P&N Bank.

All transactions on your account authorised by the Third Party will be treated as having been authorised by you. You will be responsible for these transactions.

Change of Method of Operation on a Joint Account

I/We _____ Member Number(s) _____

Nominate the following Method of Operation on Account _____ One to Sign Two to Sign

Adding or Changing Authority on an Account

I/We _____ Member Number(s) _____

nominate and authorise the following authority:

Third Party Details (full name of Third Party required) _____ of _____
 _____ to operate the following savings accounts:
 (residential address required)

Account No.	Authority to Operate	Internet Banking	Card Access	One to Sign	Two 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internet Banking Access

I authorise the above named "Third Party" to have Internet Banking access to operate my/our accounts as noted above.

Card Access

I authorise the above named "Third Party" to have Visa Debit Card access to operate my/our accounts as noted above.

Removing Authority on an Account

I/We _____ member RIM number(s) _____

Request the removal of _____ as an authority to operate on the following account(s): _____

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

X	Name _____	Date _____
Member's Signature		
X	Name _____	Date _____
Member's Signature		
X	Name _____	Date _____
Authorised Third Party Signature		
X	Name _____	Date _____
Witness Signature		

OFFICE USE ONLY

AML/CTF check for Nominee Card ordered (if applicable) Member chequing card completed (if applicable)

Authority loaded Internet Banking established (if applicable)

Operator no. _____ Officer's signature _____ Date _____

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 13 25 77.

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 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.
5. 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.