



Authorised Signatory Mandate

Membership Name: _____ Membership Number: _____

We certify that at a meeting of the _____
Committee/Society/Club* (*Account name, delete as appropriate)

held on _____ day of _____ 20__ (copy of minutes attached) the following resolution was passed.

1. That the account will be maintained with Link Credit Union Ltd.
2. That Link Credit Union Ltd. is authorised to act on the instructions as below:

Each instruction to be signed by;

Any two of the signatories

Any one of the signatories

That this Mandate shall remain in force unless and until amended by resolution and advised in writing to Link Credit Union Ltd.

Name: _____ Signed: _____ Date: _____
(Block letters only)

Name: _____ Signed: _____ Date: _____
(Block letters only)

Name: _____ Signed: _____ Date: _____
(Block letters only)

Name: _____ Signed: _____ Date: _____
(Block letters only)

Name: _____ Signed: _____ Date: _____
(Block letters only)

Signed on behalf of the Group / Company:

Chairman _____ Name: _____ Date: _____

Secretary _____ Name: _____ Date: _____

Photo ID, Proof of Address, and PPSN must be provided for each Signatory.

NOTE: SIGNATORIES HAVE FULL WITHDRAWABLE ACCESS TO ALL FUNDS HELD.

Credit Union Use Only.

Input by (CU Officer): _____

CDD.

Proof of Address

Photographic ID

PPS