



# APPLICATION CHEQUE FACILITY

Membership Number

Date: / /20

Account Name:

---

Address:

---

---

### Authority to Sign:

Full Name(s)	Signatures	Signing Instructions
		<input type="checkbox"/> Any 1 to sign
		<input type="checkbox"/> All Parties to sign
		<input type="checkbox"/> Other (specify)

- I/We, ("The Member"), apply to join the Members' Cheque Scheme described in this application from in relation To my/our account with Capricornia Credit Union Ltd. ("Credit Union Account").
- I/We authorise the following persons whose names and signatures are set out above ("the Authorised Signatories") to sign cheques credits and payments orders and to countermand payment of cheques and other Instruments pursuant to the Members' Cheque Scheme.
- Such cheques credit and payment orders may be signed by any one of the authorised signatories until I/we give Notice of cancellation of the authority.
- I/We accept and agree to be bound by the terms and conditions of the Members' Cheque Scheme, a copy of Which has been read and understood by me/us.

### Cheque Details:

25 Leaf Pocket
  100 Leaf Large
  200 Leaf Business
  Deposit Book

Cheque Facilities to be added to: S \_\_\_\_\_

Narration for Cheque Book: \_\_\_\_\_

Member Signature/s: \_\_\_\_\_

Office Use Only		
Link No:	Date Processed:	Initials & No: