



Elevate Credit Union – Authorisation to Withdraw Form

Member Number: _____

Member Name: _____

Address: _____

Date: _____

This is to certify that I, being of sound mind and judgement, authorise:

Name: _____ Relationship to Person (if any): _____

Of Address: _____

to withdraw funds from the above account, subject to the following qualifications;

individual withdrawal maximum _____ and/or

maximum withdrawal frequency _____ per day/week/fortnight/month or

any withdrawal deemed necessary by the signatory

This authority is to remain in place until further notice is sent by me in writing to the credit union, and received by the credit union revoking my instruction in this regard.

In consideration of the credit union granting this facility, I undertake to indemnify and save the credit union against all actions, liabilities or demands howsoever arising in respect of or on account of any such withdrawals made.

Members Signature: _____

Print Name: _____

Signature of Authorised Person: _____

Print Name: _____

Photo ID Submitted:

Teller: _____ Print Name: _____

