

# GRAND BAY CO-OPERATIVE CREDIT UNION LIMITED

## THIRD-PARTY AUTHORIZATION

### Section A – Account holders’ information

Member’s Name: _____	Account Number
Address: _____ _____	Telephone #

### Section B- Third-Party Information

Name: _____	ID Type
Address: _____ _____	ID Number
Telephone Number: _____	

### Declaration

I hereby authorize the individual whose name appear in **section B** above to be able to:

Carry out withdrawals from my savings/ deposit account(s).

Make enquiries about account balances and transactions from my account(s).

The individual is **NOT** authorised to

- Change any of the signatory authorizations on the account
- Give a third-party access or authority to operate on the account.
- Change contact details or close the account.

This authority cancels all existing authorities I have given previously (if applicable).

I am responsible for all the signatory's transactions.

If any dispute were to arise as a result of any matter connected to the Credit Union account or any contradictory instructions or orders received from the account holder and the signatory, the Grand Bay Co-operative Credit Union will not be responsible for any losses, cost, liabilities or expenses incurred.

**Termination**

I understand that I have the right, at any time to terminate this third-party authorization by filling out the **No Longer Authorized** form available at the Credit Union office.

**FATCA notice (for US person)**

If the account holder(s) and/or signatory is/are US persons, please complete the **“IRS W-9 request for taxpayer identification number and certification.”**

Signature of account holder\_\_\_\_\_

Date: \_\_\_\_\_

Signature of third-party: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by:\_\_\_\_\_

Date: \_\_\_\_\_

Stamp (GBCCU)