

Authority

(Only required if you would like an additional person to access/read only or access/instruct on the account.)

1. NAME:

(if more than one name is required please attached additional name to this agreement)

Tick preferred contact

Business Telephone (.....)

Mobile (.....)

Home (.....)

Fax (.....)

.....
Signature of Authorised Person

.....
Name of Authorised Person

.....
Name/s in which your account is held

Read only access

Complete autonomy/power of attorney

.....
Signature of Authorised Account Holder

.....
Signature of Authorised Person
(if joint/partnership or second signature required)

.....
Name of Authorised Account Holder

.....
Name of Authorised Account Person
(if joint/partnership or second signature required)