

Your details

Member name

Member number

Signatory details

*Denotes mandatory fields

Existing member number/s*

Surname*

Given names*

Title*

Date of birth*

Signatory 1

Mr Mrs Ms Dr

 / /

Signatory 2

Mr Mrs Ms Dr

 / /

Account selection (please tick ✓)

Account name

If joint, member number of joint holder

<input type="checkbox"/> Access Plus (S1)	
<input type="checkbox"/> Essential Access (S2)	
<input type="checkbox"/> Direct Saver (S10)	
<input type="checkbox"/> Bonus Saver (S6)	
<input type="checkbox"/> Junior Saver (S7)	
<input type="checkbox"/> Cash Management (S9)	
<input type="checkbox"/> Negotiated Deposit (S8)	
<input type="checkbox"/> Platinum Cash Rewards	
<input type="checkbox"/> Term Deposit	
<input type="checkbox"/> Loans	

Declaration - Please sign or submit through internet banking secure email to confirm the below.

I/We authorise the removal of the person listed in this application as an authorised signatory to my/our accounts as indicated. They may no longer withdraw and obtain access to any prearranged continuing credit arrangements including access via our Internet banking service and mobile banking via the Nexus Mutual App.

I/we indemnify Nexus Mutual against any claim which may arise from those acts of an authorised signatory which are within the terms of the previous authority.

Member/s signature

Please sign or submit through internet banking secure email

Primary owner

Joint owner

Date

 / /
 / /

Submit your completed form to:

Nexus Mutual GPO Box 400 MELBOURNE VIC 3001 or enquiries@nexusmutual.com.au

T 1300 65 33 28 / +61 3 9608 8301 W nexusmutual.com.au

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