

Third Party Authority To Operate

Complete this form for **each** person being given authority to act on your account/s.
For assistance, please call **1300 302 474**.

Please send your completed form to: memberservices@gatewaybank.com.au

Important information: You will not be able to save partially completed forms.

* Denotes Mandatory Field



Gateway Bank Ltd

ABN 47 087 650 093

AFSL/Australian Credit Licence 238293

Member Authorisation

My/Our authority is given to the person named as Authorised Signatory to operate on the account/s listed below. This authority extends to allowing the Authorised Signatory to do the following:

- Carry out withdrawals, including redraw, on the account, for any purpose
- Make enquiries about account balances and transactions on the account, including any debit balance or available credit on a transactional or loan account
- Cancel a bank cheque
- Obtain account statements
- Give instructions regarding fixed term deposits
- Open and close accounts
- Change contact details, including the mailing address for statements

The Authorised Signatory cannot:

- Change any of the signatory authorisations on the account
- Give a third party access or authority to operate the account
- Apply for a loan
- Terminate your membership of the bank

Personal Details

Member 1 Details* - first account holder

Title* ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Full Name*

Date of Birth* DD MM YYYY

Member Number

Member 2 Details - second account holder

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Full Name

Date of Birth DD MM YYYY

Member Number

Member 1 Residential Address*

Current Residential Address*

Member 2 Residential Address ☐ Same as Member 1

Current Residential Address

Member 1 Mailing Address* ☐ Same as residential

Mailing Address

Phone Number*

Email Address*

Member 2 Mailing Address ☐ Same as residential

Mailing Address

Phone Number

Email Address

www.gatewaybank.com.au

Account Details

This Authority to Operate will apply to the following account(s). Please complete either Option 1 or Option 2*

☐ Option 1: Apply to all current and future accounts opened under my/our Membership

☐ Option 2: Apply to the following account(s) only:

Account Type

Account Number

Account Name/s

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Method of Operation

Method of operation

Note: Each signatory is separately authorised to operate the account unless specified below. Online Banking and a Visa Debit are *not* available on accounts where more than one signature is required.

☐ Other- please specify

Authorised Signatory Details

Personal Details* - Authorised Signatory

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ OtherGender ☐ Male ☐ Female

Full Name

Country of Residence

Date of Birth DD MM YYYY

Residential Address*

Current Residential Address

Contact Details*

Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email

Membership - are you already a Gateway Member?*

☐ Yes Member Number☐ No

Please provide a copy of your Medicare Card
PLUS either a copy of your Drivers Licence OR
Passport

Signatory Authorisation and Specimen Signature

Electronic verification

Under the Anti-Money Laundering and Counter-Terrorism Financing Act, we can disclose your name, residential address and date of birth to an external service provider which we use to verify your identity electronically.

The purpose of this disclosure is to ask the external service provider; which can include the document issuer or official record holder, to assess whether the personal information disclosed matches (in whole or part) personal information about you held in their records (if any). This electronic verification process helps us to verify your identity.

If you do not consent to us verifying your identity by electronic verification, we will provide you with an alternate verification process to identify you. If this is the case, please contact us on **1300 302 474** for further information.

Security, privacy policy, and marketing preferences

Security

We take all reasonable steps to ensure that all your personal information held by us (on our website or otherwise), is protected from misuse, interference and loss, and from unauthorised access, disclosure or modification.

Privacy Policy

Our Privacy Policy www.gatewaybank.com.au provides additional information about how we handle your personal information. It explains how you can ask for access to personal information we hold about you and seek correction of that information. It also explains how you can complain about a breach of the Privacy Act or the Privacy (Credit Reporting) Code, and how we will deal with your complaint. We will give you a copy of our Privacy Policy on request.

☐ I confirm that I'm authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder for the purpose of confirming my identity

Authorised Signatory Specimen Signature*

Signature

Print Name

Date

Member Acknowledgement and Declaration

This Third Party Authority to Operate (Authority) replaces any previous Authority

I/We declare that Gateway Bank (Gateway) may act upon this Authority until it has received my/our instructions to the contrary, or written notice of my/our death from a person entitled to give such notice and I/we acknowledge that Gateway may require a new Authority before it allows further operation on the account/s.

I/We acknowledge that I/we are responsible for all actions taken by my/our Authorised Signatory on my/our accounts.

I/We agree to indemnify Gateway against all claims arising out of the operation of my/our account/s by my/our Authorised Signatory, provided that Gateway has acted within the terms of my/our Authority.

If there is a dispute notified to Gateway about an Authority by me/us, Gateway may refuse to allow operation on the account until all parties concerned have signed the necessary Authority.

Gateway will not allow a person to operate on an account until his/her identity has been verified in accordance with procedures prescribed by the Anti-Money Laundering and Counter Terrorism Financing Act (2006), and Gateway procedures.

Gateway is not liable for any loss or damage caused to me/us by persons authorised to operate on my/our account/s, except where it arises from fraudulent conduct by its agent or employee, or if Gateway is liable under the ePayments Code.

Gateway is not liable for any loss or damage caused by any delay in processing a cancellation of an Authority.

I/We understand that my/our Authorised Signatory will have access to my/our account(s), as specified in this Authority, and Gateway's Deposit Accounts and Access Facilities General Conditions of Use, via Gateway's Online Banking facility, Gateway 2go and Telephone Banking unless I/we notify Gateway to restrict access methods.

Account Holder 1*

Signature

Print Name

Date

Account Holder 2

Signature

Print Name

Date

Note: All account holders must sign this form.

