

# Change of Withdrawal Authority Form

## Account Information

Customer Name(s):

Account Number(s):

Customer Number(s) (for office use only):

## Change of Signatories

I/we authorise withdrawals and transfers to be completed using:

- Any one of our signatures
- Both/all of our signatures
- Other instruction: \_\_\_\_\_

## Removing a Signatory

Please remove the following person from the above numbered account(s)\*

\*Please note you will need to submit a completed Savings Account Application form with all remaining signatories details.

Title

Forename(s)  Surname

Address

Post Code

Customer Number (for office use only)

New account title (if applicable):

Please note that all account holders must sign before any changes can be made.

Signature 1	<input type="text"/>	Date	<input type="text"/>
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Signature 2	<input type="text"/>	Date	<input type="text"/>
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OFFICE USE ONLY	Date	Initials
App form & ID obtained		
Computer updated		
Checked		
Imaged		