

Change of Withdrawal Authority Form

Account Information		
Customer Name(s):	<input type="text"/>	
Account Number(s):	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Customer Number(s) (for office use only):	<input type="text"/>	<input type="text"/>

Change of Signatories
I/we authorise withdrawals and transfers to be completed using:
<input type="checkbox"/> Any one of our signatures
<input type="checkbox"/> Both/all of our signatures
<input type="checkbox"/> 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 <input type="text"/>
Forename(s) <input type="text"/> Surname <input type="text"/>
Address <input type="text"/>
<input type="text"/> Post Code <input type="text"/>
Customer Number (for office use only) <input type="text"/>
New account title (if applicable): <input type="text"/>

Please note that all account holders must sign before any changes can be made.
Operator signatures are required for Young Persons Accounts, Trusts and Deposit/Business savings.

Signature 1	<input type="text"/>	Signature 3	<input type="text"/>
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Signature 2	<input type="text"/>	Signature 4	<input type="text"/>
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OFFICE USE ONLY	Date	Initials
App form & ID obtained		
Computer updated		
Checked		
Imaged		