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Important: Authority to Operate may only be issued on accounts where one signature only is required. All parties to a joint account must sign the **Authority to Operate** form.

I,

authorise:

Authority customer name

Date of birth

Relationship to customer

Home phone number Work phone number

Postal address

Mobile

Email address

whose signature appears below to:

1. Make deposits to all suffixes on the above specified account.
2. Make withdrawals and transfers from all suffixes on the above specified account.
3. Sign cheques, deposit cheques or request stops on cheques.
4. Endorse cheques payable to me or to my order.
5. Obtain account balances on the above-specified account.
6. Request to set up, change and/or delete an Automatic Payment or Bill Payment.

This authority will remain in effect until cancelled by an account holder in writing or by written notification to ASB of an account holder's death.

In granting this Authority to Operate, I acknowledge and agree that:

- I remain liable for all transactions made by the Authority and in consideration of ASB acting upon my instruction I undertake to indemnify and hold harmless ASB from and against any and all claims, losses, damages, demands, cost and expenses which ASB may suffer or incur arising out of or in connection with this Authority to Operate.
- The Authority will not have the ability to use FastNet/Fastphone or a FastCash Card or to operate any Easyplan or Managed Funds suffixes.
- Certain elements of my personal information and all transaction information will be available to the Authority.
- I continue to be bound by the Personal Banking Terms and Conditions (and any product specific terms and conditions).
- I will make sure the Authority is aware of, and complies with, the Personal Banking Terms and Conditions (and any product specific terms and conditions).
- The Authority will be bound by the Personal Banking Terms and Conditions (and any product specific terms and conditions).

The Authority acknowledges the above and agrees to be bound by the Personal Banking Terms and Conditions (and any product specific terms and conditions):

Account holder's signature

Signature of authority

Accepted for and on behalf of
ASB Bank Limited

Date stamp

Joint account holder's signature

Date

Bank use only - Customer Identification and Check List

Please provide full ID details including numbers and update in Onyx as required.

- Links In Onyx Links completed in Teller Onyx ID recorded
- Account Owner Online Signature Captured
- A/O Online Signature Captured
- Personal Banking Terms and Conditions provided to Authority

First: Second:

(Record details in Onyx)

Personnel number: