

# Authority to operate/power of attorney cancellation

## What are your personal details?

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other			Member no.
First names		Surname	
Street no. & name			
Suburb		State	Postcode
Postal address (if different from above)			
Suburb		State	Postcode
Home phone	Work phone	Mobile phone	
Email			

## What are the details of the authority to operate / power of attorney you wish to cancel?

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other			Member no (if applicable)
First names		Surname	

## What services should the authority to operate / power of attorney be cancelled from?

- I authorise to cancel the following products:
- rediCARD    Visa debit card    Teachers Credit Card (additional card holder)    Cheque book  
 Internet banking    All access to my account
- OR
- The above named person was not issued with access to this account.




## Please sign below in black pen only

- ▶ Please cancel the authority to operate or power of attorney as detailed above.
- ▶ Refer to the fees and charges brochure for details on fees and charges.

Signature	Date
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<b>Office use only</b>	Member no	
	Operator no	
	Date actioned	
	Sig verified by	

## Returning this form

	Teachers Mutual Bank, Reply Paid 7501 Silverwater NSW 2128
	(02) 9704 8247
	members@tmbank.com.au