Authority to operate/power of attorney cancellation

What are your personal details?

Title ☐ Mr ☐ Mrs ☐ Ms ☐ 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 ☐ Mr ☐ Mrs ☐ Ms ☐ 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:

- ☐ Visa Debit card
- ☐ Credit Card (additional card holder)
- ☐ Internet banking
- ☐ All access to my account

OR

☐ The above named peron 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

Office use only

Member no

Operator no

Date actioned

Sig verified by

Returning this form

Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128

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