



Contact Details / Account Signatory Amendment Form

Customer Number: _____

Customer Name: _____

I/We would like to amend: Contact Details Signatory Details

Contact Details

	Existing	New
Address		
Phone		
Email		

Signatory Details

Full Name	Phone	AFGD Online Access			Add, Remove or Existing
		Full or View	Transaction Limit	No Thanks	
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

Please note: New Signatories are required to complete a 'Signatory Member Application Form' and provide a certified copy of 'Proof of Identity'.

Authorisation: Any one to sign Any two to sign All to sign

Other (please specify) _____

Signature: _____ Signature: _____

Date: _____ Date: _____

If two signatures are required to sign on this customer number then this form also requires two existing signatures to authorise the amendment(s).