

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	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		
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	<input type="text"/>	Member no (if applicable)	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		

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) 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	<input type="text"/>
<input type="text"/>	Date

Returning this form

	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	(02) 9704 8247
	mso@tmb.com.au

Office use only	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>
	Sig verified by	<input type="text"/>