



Please have all current and new signatories complete the form.

Please email your completed form with Proof of ID to: [info@woolworthsteambank.com.au](mailto:info@woolworthsteambank.com.au)

**A. SOCIAL CLUB DETAILS**

Name of Social Club

Account Number

**B. REMOVAL OF SIGNATORIES**

Name	<input type="text"/>	Member number	<input type="text"/>	Authorised Signature	<input type="text"/>
Name	<input type="text"/>	Member number	<input type="text"/>	Authorised Signature	<input type="text"/>
Name	<input type="text"/>	Member number	<input type="text"/>	Authorised Signature	<input type="text"/>
Name	<input type="text"/>	Member number	<input type="text"/>	Authorised Signature	<input type="text"/>

If all previous signatories are no longer with the store, the Store Manager will need to complete and sign section B. The Store Manager's name is also to be completed:

Store Manager's Name

**C. DETAILS OF ALL SIGNATORIES**

The following signatories will be authorised to operate the Social Club account.

**PROOF OF IDENTITY**

Under the Anti-Money Laundering and Counter-Terrorism Financing laws, you are required to produce proof of identity before you become a signatory of an account (if you are not a current Woolworths Team Bank member). Some acceptable forms of identification are a drivers licence or passport. Please attach proof of identity to this document or contact Woolworths Team Bank if unable to do so. These procedures will occur once only for each signatory and information provided will apply all accounts which are held by the applicant/s.

**1st SIGNATORY**

Membership Number

Title  D.O.B.  Mobile/Telephone

Given Name/s  Surname

Home Address

Work Address

Postal Address

Email Address

Signature  Date

**2nd SIGNATORY**

Membership Number

Title  D.O.B.  Mobile/Telephone

Given Name/s  Surname

Home Address

Work Address

Postal Address

Email Address

Signature  Date

**3rd SIGNATORY**

Membership Number

Title  D.O.B.  Mobile/Telephone

Given Name/s  Surname

Home Address

Work Address

Postal Address

Email Address

Signature  Date

**4th SIGNATORY**

Membership Number

Title  D.O.B.  Mobile/Telephone

Given Name/s  Surname

Home Address

Work Address

Postal Address

Email Address

Signature  Date

**D. ACCOUNT OPERATION METHOD** (Please tick ✓)

One to sign  
(Any of the signatories)

Two to sign  
(Any two to signatories)

All to sign  
(All must sign)

Note: If no selection is made, the method of operation defaults to Two to sign.

**Visa Debit Card\*** - Only available where account states one to sign.

I/We require a Visa Debit Card:

New

Replacement (Please tick ✓) →

Lost/Stolen

Damaged

Please mail Visa Debit Card to the nominated signatory

Name:

Store postal address:

**E. DECLARATION** (All signatories to sign)

I/ We agree to be bound by the 'Visa Conditions of Use' and all other terms and conditions applicable to the selected Accounts and Access facilities. I/ We acknowledge that my/our Cards and Personal Identification Numbers will be mailed to the nominated signatory and postal address provided above.

\* Social Club Signatories will take responsibility to protect card against any unauthorised use and for its safe storage.

The members of the Social Club will continue to indemnify the Woolworths Team Bank for any account which may be overdrawn.

A copy of our privacy notification and policy is available at [www.woolworthsteambank.com.au/privacy-policy/](http://www.woolworthsteambank.com.au/privacy-policy/).

A copy of our Account & Access Facility Conditions of Use is available at [www.woolworthsteambank.com.au/disclosure-statements/](http://www.woolworthsteambank.com.au/disclosure-statements/).

I/ We have read the above and agree to the terms and conditions and privacy notification and policy as outlined.

Signed  Date

Print Name

Signed  Date

Print Name

Signed  Date

Print Name

Signed  Date

Print Name

**OFFICE USE ONLY**

Details Verified By

Date



**Woolworths  
Team Bank**

522-550 Wellington Road  
Mulgrave VIC 3170  
Phone: 1300 665 553  
Fax: 03 9263 2866

1 Woolworths Way  
Bella Vista NSW 2153  
Phone: 1300 665 553  
Fax: 02 8885 0337

[info@woolworthsteambank.com.au](mailto:info@woolworthsteambank.com.au)