

# Notice of Full Financial Delegated Authority (Non-Lending ONLY)

This form is to be attached in conjunction with an account opening form (IC049a-m) or Customer & Account Alterations form (IG122)

## Organisation Details

Full Name of the Organisation/Entity:

Organisation/Entity type: (e.g Association, Company, Body Corp)

Trading Name (if Applicable)

A.C.N/A.B.N:

Customer Number (if known):

We authorise the below person(s) to conduct banking business on behalf of the above entity accounts held at Bendigo Bank as per the level of authority granted.

## Delegate 1 Details:

Delegate 1 Full Name: (example Joe Gordon Blog)

First

Middle

Surname

### Account Details

All Accounts (under customer number)  or Specific accounts

If specific, list account numbers or customer/ledger numbers:


## Delegate 2 Details:

Delegate 2 Name: (example Joe Gordon Blog)

First

Middle

Surname

### Account Details

All Accounts (under customer number)  Specific accounts

If specific, list account numbers or customer/ledger numbers:


**\*Please note if more than 2 delegates to print the form twice and attach to original form**

## Delegates Acknowledgement

Full Name:	Full Name:
Delegate 1 Signature:	Delegate 2 Signature:
Date: / /	Date: / /

**Disclosure Information:**

In relation to requests received by Bendigo Bank concerning actions on the above account(s), I/we agree that:

1. I/we have asked Bendigo Bank to accept instructions from the above named authorised persons in relation to my/our accounts.
2. I/we understand that when full financial delegation is in place it will allow the delegate to jointly perform opening and closing of all non-lending bank accounts and maintenance on all non-lending accounts.
3. I/we understand that when full financial delegation is in place it will allow the delegate to perform financial transactions as per the signing instructions on the account(s)
4. I/we are liable for any action taken by the above delegate.
5. Bendigo Bank is authorised and entitled to accept and act upon any request and instruction it receives which is made from the above named authorised delegate(s) on that account(s) in accordance with my/our operating instructions;
6. Bendigo Bank may refuse to accept, at its sole discretion, any request made by the above authorised delegates, in which case Bendigo Bank will make all reasonable endeavours to contact the account holders to advise them of this fact;
7. Bendigo Bank is not required to make any inquiries in relation to any instructions or requests received by an authorised delegate
8. Bendigo Bank shall not be responsible, and I/we agree not to make any claims or demands against Bendigo Bank for any loss, damage or liability that I/we may suffer or incur by reason of or in connection with:
  - a. Bendigo Bank accepting and acting in reliance upon any instructions or communications made by any authorised signatory or operator on the account(s);
  - b. Bendigo Bank refusing to accept any instruction or communication which have been from any authorised delegate or operator on the account(s);
  - c. Any error in the details of the transaction presented and subsequently processed;
  - d. Any delays in completing the transaction;
9. I/we will indemnify Bendigo Bank in respect of any losses, damages or liabilities that Bendigo Bank may suffer or incur (including legal costs calculated on a solicitor and client basis) as a result of action in accordance with this authority.
10. Any renewal, revocation or variation to this authorisation will need to be submitted to the "Bank" in writing.

I/We confirm the details on this form are correct and request Bendigo Bank to act on my/our instructions as specified.

I/we also confirm that the organisations rules/constitution do not limit or prevent this delegation from occurring in anyway.

**Note: This form needs to be completed by a minimum 2 directors, partners, trustees or committee members.**

Full Name:
Authorising Officer 1:
Date:     /     /

Full Name:
Authorising Officer 2:
Date:     /     /

**OFFICE USE ONLY:**

- I confirm that the above signatures have been verified as required.       I confirm that the customer is aware of the importance of notifying the bank when changes have been made.

Staff Signature/No: \_\_\_\_\_ Date:     /     /