



CICSA Co-operative Credit Union Ltd.  
 P O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS  
 Telephone: 345-949-8415 Fax: 949-8910  
 Website: [www.cicsa-creditunion.org](http://www.cicsa-creditunion.org)

## AUTHORIZED SIGNATORY REQUEST/REMOVAL

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member # \_\_\_\_\_

### SPECIAL NOTES

- This is not an authorization for a joint account. An Authorized Signatory may be removed from the above stated account by the Member without notice to the Authorized Signatory.
- This Authorized Signatory form will cease upon knowledge of the Member's death.
- Applications for Loans, Cash Advances, Opening Sub Accounts, Additional Account and Closing of Accounts must be completed by the Member solely.

**I have read and understood the above special notes** \_\_\_\_\_

**Authorized Signatory**

### REQUIRED DOCUMENTS

- 2 valid ID's (Passport AND Drivers Licence or Voters Registration Card).
- A job letter no older than 30 days, addressed to The Credit Union.
- Completed Authorized Signatory Profile Form.

I hereby authorize \_\_\_\_\_ **(Name of Person)**

\_\_\_\_\_ **(Relationship of Person)** to conduct any business transactions on my account with the exception of the above special notes.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Witness (CU staff member, JP or Notary Public)

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Witness (CU staff member, JP or Notary Public)

Please remove \_\_\_\_\_ **(Name of Person)**

\_\_\_\_\_ **(Relationship)** as an authorized signatory from my account.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Witness (CU staff member, JP or Notary Public)