

Authority to Collect Payment

I (member name) _____ Member number _____

confirm that I authorize _____

of Address _____

to collect a cheque on my behalf.

Signed _____

Date: _____

For office use:

Cheque Number _____

Payee _____

Authorised person's signature _____

Signature of witness _____

ID seen

Passport

Driving Licence

Utility bill

Other(state) _____

Date cheque collected ____ / ____ / ____