actlawsociety

Notification Authorising or Terminating Trust Account Signatories

Australian Capital Territory Legal Profession Regulation 2007 Section 50(2)

To: The Law Society of the ACT, Level 4, 1 Farre	ll Place, Canberra ACT 2601
Re:	("the law practice")
I, (insert full name of the legal practitioner) being a legal practitioner associate of the abovementioned law practice advise that the following persons are authorised to sign trust account cheques or otherwise effect, direct or give authority for the withdrawal of money (EFT) from a general trust account of the law practice. Signed	Trust account details: BSB Account Number Name of Trust Account Name of Trust Account of the Practice or an Australian legal practitioner, to sign cheques draw on a general trust account of the practice, or otherwise to effect, direct or give authority for the withdrawal of money from a general trust account of the practice. Refer to Regulation 2007 which specifies those who may sign singularly or jointly. Send completed forms to: Trust Account Section, ACT Law Society by email to lea.mclean@actlawsociety.asn.au or GPO Box 1562, Canberra ACT 2601.
Authorised Australian Legal Practitioner Full name and address Authorised Associates (to sign jointly) Full name and address	Date authorised Date withdrawn Position of employment Date authorised Date withdrawn
Tur name and address	Position of employment Date authorised Date withdrawn