

# Account Authorisation



Form - G4  
2025 / 2026

## Owner/s Details

Owner Name(s) \_\_\_\_\_

CIT Account Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

## Give Authorisation to - Contact Details for authorised person/s

Authorised Name/s: \_\_\_\_\_

Authorised Email: \_\_\_\_\_

Authorised Contact Phone Number: \_\_\_\_\_

## We give authorised person/s authority to: *(please tick boxes that apply)*

<input type="checkbox"/>	Access information relating to our CIT account including water rights and ownership details and financial records
<input type="checkbox"/>	Undertake temporary allocation transfers onto and/or from our CIT account
<input type="checkbox"/>	Undertake temporary transfers of irrigation rights (long term leases) onto and/or from our CIT account
<input type="checkbox"/>	Undertake permanent transfers of irrigation rights onto and/or from our CIT account
<input type="checkbox"/>	Water ordering for our CIT account
<input type="checkbox"/>	Other <i>(please provide specific details)</i>
<input type="checkbox"/>	
<input type="checkbox"/>	

## Authorisation of Owner/s *(all registered owners to sign)*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## In the presence of Witness

*The witness is to have either known the person for at least one year or have taken steps to verify their identity such as viewing their signature on a current driver's licence. If the signature is electronic, the Witness is to take reasonable steps to verify identity.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Approved by: \_\_\_\_\_

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