

Account Authorisation



Form - G4
2026 / 2027

CIT Account Number: _____

As the Account Owner I want to: ☐ Add an Authorisation
☐ Remove an Authorisation

Owner/s Details

Owner 1 Name: _____ Email: _____

Owner 2 Name: _____ Email: _____

Owner 3 Name: _____ Email: _____

Details for authorised person 1

Authorised Name: _____ Contact Number: _____

Authorised Email: _____

Authorised Address: _____

Authority Type ☐ Severally (may act independently) ☐ Jointly (must act with other authorised persons)

PLEASE TICK THE BOXES BELOW THAT APPLY TO YOUR REQUEST

☐	Water Authority
☐	Undertake temporary allocation transfers onto and/or from our CIT account
☐	Water ordering for our CIT account
☐	Financial Authority
☐	Arrange, initiate and make payments on our behalf, including payment of invoices and outstanding balances
☐	Set up, amend or cancel billing and payment arrangements (including direct debit where applicable)
☐	Make enquiries and give instructions in relation to financial matters on the account
☐	Account Information Access
☐	Access information relating to our CIT account including water rights, ownership details, financial records, account balances, transactions and invoices.
☐	Receive, request and discuss invoices, water use and other account-related documentation

Owner/s Authority and Reliance (all registered owners to sign)

- The authorised person(s) may act on their behalf strictly in accordance with the authorities selected above;
- Where financial authority is granted, this includes authority to access financial information and undertake payments and account-related financial transactions;
- CIT may rely on any instruction, request, or transaction made by an authorised person as if it were made by the Owner(s);
- The Owner(s) are responsible for all actions taken by the authorised person(s) within the scope of this authority;
- This authorisation remains in effect until revoked in writing and received by Central Irrigation Trust.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

If additional signatories are required, this page must be reprinted with all relevant details completed and signed in full.

Office Use Only

Approved by: _____

Date: _____

CENTRAL IRRIGATION TRUST - Trustee: Central Irrigation Pty. Ltd. ACN 075 446 810

P: 08 8580 7100 | E: office@cit.org.au | W: www.cit.org.au | 4 Fowles Street, Baramba SA 5345 | PO Box 34, Baramba SA 5345

Account Authorisation



CIT Account Number: _____

Details for authorised person 2

Authorised Name: _____

Contact Number: _____

Authorised Email: _____

Authorised Address: _____

Authority Type ☐ Severally (may act independently) ☐ Jointly (must act with other authorised persons)

PLEASE TICK THE BOXES BELOW THAT APPLY TO YOUR REQUEST

☐	Water Authority
☐	Undertake temporary allocation transfers onto and/or from our CIT account
☐	Water ordering for our CIT account
☐	Financial Authority
☐	Arrange, initiate and make payments on our behalf, including payment of invoices and outstanding balances
☐	Set up, amend or cancel billing and payment arrangements (including direct debit where applicable)
☐	Make enquiries and give instructions in relation to financial matters on the account
☐	Account Information Access
☐	Access information relating to our CIT account including water rights, ownership details, financial records, account balances, transactions and invoices.
☐	Receive, request and discuss invoices, water use and other account-related documentation

If additional authorised persons are required for the account, this page must be reprinted with all relevant details completed.

Owner Signatures (all registered owners to sign)

By signing this form, I warrant that I am the legal owner and I acknowledge and agree that:

- The authorised person(s) may act on their behalf strictly in accordance with the authorities selected above;
- Where financial authority is granted, this includes authority to access financial information and undertake payments and account-related financial transactions;
- CIT may rely on any instruction, request, or transaction made by an authorised person as if it were made by the Owner(s);
- The Owner(s) are responsible for all actions taken by the authorised person(s) within the scope of this authority;
- This authorisation remains in effect until revoked in writing and received by Central Irrigation Trust.

Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____

If additional signatories are required, this page must be reprinted with all relevant details completed and signed in full.

Office Use Only

Approved by: _____

Date: _____

CENTRAL IRRIGATION TRUST - Trustee: Central Irrigation Pty. Ltd. ACN 075 446 810

P: 08 8580 7100 | E: office@cit.org.au | W: www.cit.org.au | 4 Fowles Street, Barmera SA 5345 | PO Box 34, Barmera SA 5345