

Authority for regular withdrawals

If you want your authorised representative to make ONE withdrawal only from your account please do not complete this side of the form – complete the Authority for ONE withdrawal overleaf

My/Our authorised representative's details

Title (Please tick the box that applies to you or state your title) Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Date of birth Nationality (required for regulatory reasons)

Permanent residential address: Property number and/or Property name

Street

Town Postcode

When did you start living there? If you have lived there for less than 3 months, please provide your previous address below.

Property number and/or Property name

Street

Town Postcode

When did you start living there?

Use of my information
 You may make searches about me at credit reference agencies who will supply you with information, including information from the Electoral Register, for the purpose of verifying my identity. The agencies will record details of the search. The searches will not be seen or used by lenders to assess my ability to obtain credit. This information may also be used for the prevention of money laundering. Alternatively you may ask me to provide physical forms of identification.
 I have read the section entitled 'Use of my information'; by signing this form I agree you can use my information on this way

Signature of Authorised Representative
 Please sign within the white box

Date

Account from which withdrawals are authorised

Account number /

I/We hereby authorise and request you to pay regular withdrawals from the above numbered account to my/our duly authorised representative whose name and signature appear above. I/We understand that this authority will continue until it is revoked by me/us.

Signature(s) of account holders
 Please sign within a white box

1 Date

2 Date

3 Date

4 Date

If more than one signature is required to operate this account, please ensure that all relevant account holders sign this form.

Following the withdrawal the passbook will be given to the third party unless you require it to be returned to you at your address. If you want the passbook returned to you direct please tick this box

Office use only

Signature(s) checked Employee number Branch prefix ID checked Employee number Branch prefix