

## Third Party Authorisation

Both the member and the person to whom authority is to be delegated should complete this form.

### Section A - Members details

Title                      Surname

Forenames

Address

Postcode

Member number

### Section B – Agents details

Title                                      Date of Birth

Surname                                      Forenames

Address

Postcode

Daytime telephone number

## Section C - Declaration

I hereby authorise the individual whose details appear in section B to be able to:

- a) withdraw funds from my credit union account
- b) discuss all aspects of my credit union account.

I authorise Sheffield Credit Union Ltd to accept and to act upon all such orders and instructions as received by the Agent.

I agree that Sheffield Credit Union Ltd will not be responsible for any losses, costs, liabilities or expenses incurred by you as a result of any dispute between you and the Agent named in section B, in respect of any matter connected to your credit union account or any contradictory instructions or orders received from you and the Agent.

### Termination

You may terminate this third party authorisation by informing Sheffield Credit Union Ltd in writing. Termination will take effect only when Sheffield Credit Union Ltd has received your written instruction.

### Agreement of the Agent

- I confirm I am over 18 years of age and resident in the UK
- I agree to indemnify Sheffield Credit Union Ltd and its associated companies against any losses, costs, liabilities or expenses incurred by us or them arising directly or indirectly from any unauthorised transaction.
- I agree that this third party authorisation constitutes the entire agreement between the agent and Sheffield Credit Union Ltd in relation to the above account
- I agree to be bound by Sheffield Credit Union Ltd terms and conditions

Your personal data will be verified and processed by us in accordance to our terms and conditions and subject to the data protection act 1998. If the information relating to you cannot be verified, we will ask you to provide additional information. If we cannot verify your Identity you will not be able to act as the agent for the above account.

**Signature of account holder**

**Date**

**Signature of Agent**

**Date**

**Witnessed by**

**Date**

For Office Use:	
ID Provided 1)	2)
Address Verification	
Staff Signature	Date