

Authority to Act

I give Sheffield Credit Union permission to share information about my account with the following person:

Name: _____
Job title: _____
Organisation: _____

This person is authorised to discuss the following aspects of my Sheffield Credit Union membership (please tick):

- Savings
- Loans
- SCUBA (bill payments)

This person will not be able to make any decisions on my behalf. Any transactions or changes to my account will be requested by me, either in writing, online or by phone as appropriate.

Signed: _____
Name: _____
Date: _____