GATESHEAD OFFICE

Unit 12, Jackson House, Jackson Street, Gateshead NE8 1ED

STANLEY OFFICE

25-33 Front Street, Stanley, Co Durham DH9 0JE **Over 95 Local Service Points**

Tel: 0330 055 3666

Web: www.nefirstcu.co.uk



Third Party Authority

Member's name:	
Address:	
	Postcode:
Membership number:	
Until I give you notice in writing to the con	trary, please consider
Name:	
Address:	
	Postcode:
A specimen of whose signature appears be	elow, as fully authorised to:
b) obtain information relating to my account(sc) receive delivery of any item held by the cred	dit Union on my behalf. my account(s) that I hold with the Credit Union from time to time, the
I agree that:	
written agreement to the contrary, any debt s ascertain or enquire into the purpose for whic	der this Authority shall be my responsibility, and in the absence of your hall be repayable on demand. ii) you are under no obligation to the above authorities is exercised. e binding on my personal representative until you receive written notice
Signatures (Please see below before signing):	
Member:	Third Party:
Name:	Name:
Date:	Date:
Third Party I.D. & Address Verification:	
Reference Numbers:	

Please Note:

- This Authority must be completed in ink.
- The Member should, if possible, introduce the Third Party to the Credit Union in person and complete the form in the presence of a representative of the Credit Union.
- If the Authority is posted to the Credit Union or delivered by the Third Party, then the Credit Union reserves the right to undertake a security check and the Authority will not take effect until the check has been completed.
- The Authority can only be cancelled in writing by the Member.
- The Authority will cover all accounts held by the Member now or in the future unless specified otherwise.
- The Third Party cannot close any account on behalf of the Member.
- The Third Party must provide acceptable Identification and proof of address before the Authority can take effect.