

Letter of Authority

Reference Number _____

I give my consent to the following named person:

Name:.....

Relationship:.....

Date of Birth:.....

Password:.....

(This password will be requested each time we need to discuss your account with your nominated third party). I want my chosen third party to be able to make decisions about my account and how it is paid:

I agree

I disagree

I wish Mortimer Clarke Solicitors (MCS) to accept any disclosure about my personal and sensitive information (e.g. medical details) for my chosen third party:

I agree

I disagree

I wish for my chosen third party to have this authority:

Permanently

Temporarily until.....

I wish for my chosen third party to have authority over the following accounts:

Only accounts detailed above

All and any future accounts which MCS is instructed on

(Please tick the appropriate boxes)

I understand and consent that any information that is provided by my third party may be shared within the Cabot Credit Management Group and its appointed representatives.

I understand MCS wishes to keep my information secure. Therefore, I have made sure that my chosen third party is informed that they will be requested to give their name, date of birth and the password when they communicate with MCS.

Please accept this as my express authority to discuss my account(s) with the above named third party. I understand that you may discuss all details of my account(s) with the third party, until such time as I withdraw my authority. I have a right to withdraw my authority at any time.

Signed:.....

Print name:.....

Dated:.....

