

THIRD PARTY AUTHORITY FORM



Mortgage account number: _____

I (name) _____

and (joint customer if applicable) _____

of (address) _____

Herby authorise the person(s) detailed below:

Name: _____

Address: _____

Date of birth: _____

Contact details (tel/email): _____

Relationship to account holder(s): _____

To discuss all matters relating to my mortgage account - Please tick box as appropriate

To make payments onto my mortgage account - Please tick box as appropriate

This authority is valid for Days / Weeks / Months / Years

This authority is valid until further notice - Please tick box as appropriate

I understand that I must inform the above named that a record of their details will be held on The Nottingham's systems for the purpose of evidencing the customer's authority to disclose information relating to their account. This information will not be shared with other parties by The Nottingham.

Signed: _____

Signed: _____

Name(s) (BLOCK CAPITALS): _____

Date: _____