

## Member's Authorisation Please complete in BLOCK CAPITALS

To Merthyr Tydfil  
Credit Union

Member Number

Full name

Until I give you notice in writing to the contrary, I authorise:

Insert full name of the person you are authorising to act as a third-party signatory

I authorise the person above to access the following services on my behalf. Tick the appropriate box.

Make account enquiries and check my balance

☐

Make deposits to my account

☐

Withdraw funds from my account

☐

Make changes to account details or  
authorisations (subject to normal requirements)

☐

Please note that Third party signatories cannot access the following services on behalf of the member:

- Open or close an account
- Make a loan application
- Manage the account if member becomes mentally incapacitated
- Access to the Member's Log-in via the Website or App.

**Note: This mandate can only be cancelled with the written confirmation off the member.**

*I agree that:*

*The above-named person may act on my behalf for the services indicated.*

*The credit union holds no liability for any loss resulting from the above authorised access to my account.*

*This mandate stands until such time as I provide written confirmation to the contrary.*

Member Signature

Date

**Note: If the member is mentally incapacitated then this authorisation is not valid. Please contact your legal advisor.**

## Third Party Details

Full name of Third Party

Address

Date of Birth

NI Number

Nominated Password

Reminder question

Third Party Signature

Date

**Please upload two proofs OF ID**

Date received

Processed by