



Letter of Authority

Completing this form will grant an individual or company the right to discuss your account with us or, in certain circumstances, act on your behalf (such as agree a repayment plan or raise general queries in relation to your account or an existing loan application). This authority will remain active until you tell us that authority is to be removed, the third party chooses to cancel it, if we choose to cancel authority, or if the third party is a company and we don't receive any communication from them for 6 months.

PLEASE USE BLOCK CAPITALS

Your account number(s): _____

Section A: To be completed by all parties to the loan

Please complete either Section A1 or A2 below, then hand this form to the individual or company you're granting authority to discuss your account and/or act on your behalf.

A1: Details of an individual you are granting authority to

Surname: _____ Forename(s): _____
Date of birth: _____
Home address: _____
Postcode: _____
Home telephone: _____ Mobile: _____
Email address: _____

A2: Details of the firm or company you are giving authority to

Firm or company name: _____
Registered address: _____
Postcode: _____
Telephone number: _____
Email address: _____

ALL LOAN PARTIES MUST SIGN AND DATE THIS DOCUMENT

Signed: _____ Date: _____
Print Name: _____
Signed: _____
Print Name: _____ Date: _____

Section B: To be completed by the person being granted authority to discuss the account(s) and/or act on your behalf listed above

Upon receipt of your information we will conduct an Electronic Identification Check (EID) to verify your identity, which will involve enquiries with credit reference and other agencies. This search will be recorded by credit reference agencies as a soft search for AntiMoney Laundering purposes and will not affect your credit rating.

If we require any further documentation in order to confirm your identity, we will contact you using the information provided above.

We will use the information you have provided to verify your identity when communicating with you about our customer and their account(s). We will keep your information on file in order to demonstrate compliance with data protection regulations. For further information about how we process information please visit togetherness.com/fair-processing-notice.

We may correspond with you by secure email. These emails will be password protected. Please provide a memorable password that you will use to access these emails: _____

Please note: Passwords are case sensitive. Your password must contain a minimum of eight characters, including one uppercase letter, one lower-case letter, and one number.

Please sign and date this document to confirm you accept authority to manage the above noted account(s).

Signed: _____ Date: _____