

**GATESHEAD OFFICE**  
11 Interchange Centre, West  
Street Gateshead NE8 1BH

**DURHAM OFFICE**  
136 Edge Court  
Durham DH1 2XG

Tel: 0330 055 3666

**BIRTLEY OFFICE**  
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Road Birtley, Co Durham DH3 2TB

**NORTH SHIELDS OFFICE**  
72 Howard Street  
North Shields NE30 1AF

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## Third Party Authority

Member's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Membership number: \_\_\_\_\_

Until I give you notice in writing to the contrary, please consider

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

A specimen of whose signature appears below, as fully authorised to:

- a) sign withdrawals and other instructions for payment on my behalf irrespective of the balance of my account.
- b) obtain information relating to my account(s) with the Credit Union.
- c) receive delivery of any item held by the credit Union on my behalf.
- d) deal with any other transactions relating to my account(s) that I hold with the Credit Union from time to time, the only exception being that any account can only be closed by me.

I agree that:

- i) any debt or other liability incurred to you under this Authority shall be my responsibility, and in the absence of your written agreement to the contrary, any debt shall be repayable on demand.
- ii) you are under no obligation to ascertain or enquire into the purpose for which any of the above authorities is exercised.
- iii) this Authority, if not revoked by me, shall be binding on my personal representative until you receive written notice of my death.

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.