

**CAMBRIAN CREDIT UNION  
THIRD PARTY MANDATE**

**Membership No.** \_\_\_\_\_

**Authority to Access My Credit Union Savings Account**

I \_\_\_\_\_ authorise the person named below to access my Credit Union Savings Account. This will enable the 3rd party to make balance enquiries, share deposits, loan repayments, funds transfers and withdrawals from my account without the Credit Union contacting me for authorisation.

The maximum withdrawal is unlimited/£\_\_\_\_\_per day/week/month (delete as required)

I understand that I shall have no course of address against the Credit Union if the 3rd party performs any of the above transactions to / from my account without my knowledge.

**Third Party Information**

Full name of person you are authorising to access your account ( 3 <sup>rd</sup> Party )	
Address (including post code)	
Credit Union Account Number (if also a member)	

**Additional Information**

The following information will be needed when the Third Party accesses your account to verify their identity.

Their password	
Their date of birth	
Name of first school	
Sample Signature	

SIGNED \_\_\_\_\_ Date \_\_\_\_\_