



DCSI

DCSI
3c Hillmans Way
Hillmans Court
Coleraine
BT52 2DF

Letter of Authority

I _____ resident at _____

hereby authorise (person/company),

(person/company) resident at:

.....
.....
.....
.....

to receive information and to give instruction on my/our behalf regarding account number(s) (please list):

.....

This authorisation relates to matters concerning: (please tick all that apply)

Account Enquiries

Setting Agreements to pay

Disputing Balances

Ordering Original Documentation

Other enquiries (please specify all):

Or: All matters

This authorisation is valid 12 Months from:

Account Holder Signature:

Authorised Person Signature:

Full Name of Authorised Person (Print):

Authorised Persons Date of Birth & Mother's Maiden Name:

Date:

*Please be aware that your signature will be sent for verification against records held with our client