



POWER OF ATTORNEY

Power of Attorney held for Mr/Mrs/Miss/Ms/.....
Savings account number(s) .....

Attorney's Details

Title Mr/Mrs/Miss/Ms/.....
Surname .....
Forenames .....
Permanent home address .....
Postcode .....
Date of birth .....
Telephone Day ..... Evening.....

I agree to operate the account(s) in accordance with the terms and conditions originally accepted by the account holder. I acknowledge that written instructions are required for all withdrawals.

I understand my authority as attorney will be extended to any additional accounts opened.

I understand that the Society will need to confirm my identity and to do this the Society will make searches about me at a credit reference agency that will supply the Society with information, including information from the Electoral Register. I also understand that the searches will not be seen or used by lenders to assess my ability to obtain credit. If the Society is unable to verify my name and address by this method, I will be advised of the additional documentation required.

Signature of Attorney .....

Date .....