

Customer Authorisation Form – Third Party Representative

Account Number (s) _____

I/We give full authority to Permanent TSB to:

1. Liaise directly **in both written and verbal communication** with the nominated representative below in relation to any aspect of my/our accounts (*listed above*). I/We are satisfied that this nominated representative will have full authority with both written and verbal communication and will receive written correspondence relating to my/our accounts where appropriate.

Third Party Name
Third Party Address
Third Party Telephone Number

2. Liaise directly **in verbal communication only** with the nominated representative below in relation to any aspect of my/our accounts (*listed above*). I/We are satisfied that this nominated representative will have full authority with only verbal communication.

Third Party Name
Third Party Telephone Number

I/We confirm that this authorisation given in the Customer Authorisation Form will remain in place until such time as I/We notify Permanent TSB that the nominated representative is no longer representing me/us.

I/We confirm this form cancels any prior authorities you may have received from me/us in respect of representation for this/these account(s)

PRINT NAME _____

SIGNATURE _____

DATE _____

PRINT NAME _____

SIGNATURE _____

DATE _____

For Internal Use Only

Query Outstanding

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