

AUTHORISATION LETTER TO COMMUNICATE WITH THIRD PARTY

To Foundation	
Account Number:	
Account Name:	
Security Address:	

I/We authorise you to disclose details relating to the conduct of my mortgage account or the contents of my file, my personal details, financial arrangement or related matters with:

Name	
Date of Birth	
Address	
Contact number	
Email	
The reason for requesting Foundation to communicate with the above named third party(ies) is	
My/our relationship with the above named third party(ies) is	
In signing this letter I/we consent to your disclosing all data by	<input type="checkbox"/> Telephone & Writing <input type="checkbox"/> Telephone only <input type="checkbox"/> Writing only
To my/our authorised representative and I/we hereby release you from any obligations of confidentiality.	
I/We require this authority to be valid for	<input type="checkbox"/> 12 months from the date of the signature on this Third-Party Authority Form; or <input type="checkbox"/> Until I/either of us inform you that this authority is to be revoked, when you will write to me/both of us confirming that such authority has been cancelled
I/we agree that if either of us informs you that this authority is to be revoked, you may write to both of us confirming that such authority has been cancelled.	
I/We acknowledge that this authority will remain in force until I/we inform you that this authority is cancelled or for a period of 12 months, whichever has been selected above.	



I/We agree that this authority will be applied to all accounts held with Foundation for the period specified above unless otherwise specified below:

Signed:	Signed:
First Applicant	Second Applicant
Print Name	Print Name
Date:	Date:

