**Private & Confidential**

**Third Party Authorisation Form**

My Intrum Reference Number:………....................

I,…………………………………………… authorise ……………………………………………………. (full name of third party) to act on my behalf with regards to all necessary matters relating to the above-noted account. I confirm that they have my consent to liaise directly with Intrum.

Authorisation will commence with immediate effect and I choose to (tick one of the following options):

Continue with the instruction noted above for an indefinite period of time, until I state otherwise

Terminate the instruction noted above to end on my chosen date of \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)

**I understand that if I do not select from the options noted above, this authorisation will expire 12 months from the below signed date and a new form will be required for renewal.**

Third Party Address:

|  |
| --- |
|  |

Third Party Telephone Number:

|  |
| --- |
|  |

Signed:

|  |
| --- |
|  |

[Customer’s full name]

Date:

|  |  |  |
| --- | --- | --- |
| D D | M M | Y Y Y Y |

Please complete this form and return to us at the below noted address, alternatively please scan and email a signed copy of the form to [enq.uk@intrum.com](mailto:enq.uk@intrum.com).