

## Letter of Authority

*First Account Holder*

*Second/Joint Account Holder*

Title: \_\_\_\_\_

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Post Code: \_\_\_\_\_

Please complete one Letter of Authority for each Bank where you have Bank Accounts, Loans and Credits cards where you are instructing Victory Claims Ltd to act on your behalf. If you have accounts with more than one Bank, you need to complete another form.

Bank Name: \_\_\_\_\_ Account/Card No: \_\_\_\_\_ Sort Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*\*Only include details of other accounts at the same Bank*

Account/Card No: \_\_\_\_\_ Sort Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account/Card No: \_\_\_\_\_ Sort Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Letter of Authority

I/We hereby authorise Victory Claims Ltd to obtain information from any party whilst undertaking management of my/our complaint. I/We request and require that you supply Victory Claims Ltd with any fact-finds, application forms, correspondence and all other documentation and information relating to my/our Bank, Credit and Loan Charges including all details concerning the advice and circumstances of the sale.

In granting you this permission, I expect that any requests for information or documentation from Victory Claims Ltd be treated as if they originated from myself/ourselves, without restrictions. I/We understand and accept that Victory Claims Ltd will have access to detailed, private information that you hold on me/us.

I/We instruct you to forward all documentation requested directly to Victory Claims Ltd immediately upon request, including details of any settlement or offer. I/We understand and accept that I/We shall receive any compensation paid directly and restrict you from requesting or paying any monies from or to Victory Claims Ltd.

I/We also limit this Authority to accessing information and managing our claim, and expressly restrict Victory Claims Ltd from accessing or transferring monies to or from my/our account.

### Information request: Data Protection Act

I, the above named accountholder, hereby request details of charges made to the above account(s) under the Data Protection Act. I only require and would prefer only the details of the charges made to my/our account, although I shall accept copy bank statements if you are unable to provide summery information. Please deliver the statements to Victory Claims Ltd, The Post House, East Street, Harworth, Doncaster, DN11 8NW or fax to 0207 681 1206.

**I hereby authorise you to debit the appropriate fee from my/our primary account as listed above, subject to the maximum fee of £10 under the Data Protection Act.**

We hereby provide our ORIGINAL SIGNATURES in authority of the above:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Case Ref: BC \_\_\_\_\_