



Bridgend LifeSavers Credit Union Ltd.

The LifeLong Learning Centre, Merfield Close, Sarn, Bridgend CF32 9SW
Telephone No: (01656) 729912 Email address: nicola@blscu.co.uk

Letter Of Authorisation.

In signing this consent form I accept that the overall responsibility and control of my account lies with me as the member.

I would like to give access to my account as detailed below; (please tick)

1. Access to information on my account
2. Ability to request withdrawals
3. Ability to sign for and receive withdrawals

With my signature

As sole signatory

No loans are available to any person other than the member and no signatory other than the member can accept agreed loans.

Member Number: _____ Date: _____

Member Name: _____

Address: _____

Signature: _____

The person I would like to give access to my account is named below

Name _____

Address _____

Signature _____

Identification verified by BLSCU staff/volunteer _____

Details _____