

Third Party Authorisation Form

Please complete on your company headed paper if available and post to Teachers Building Society or email to us at memberservices@teachersbs.co.uk

Names of all mortgage account holders			
	First customer		Second customer
First name			
Surname			
Mortgage			
account number			
Customer telephone			
number			
Customer declaration I/we confirm that you can provide information on my (our) mortgage account to -			
Signed (first customer)			Signed (second customer)
Date (first custor	mer)		Date (second customer)
All mortgage account holders must sign this form in order to authorise a Third Party to act for you.			
Third party declaration			
I confirm that I am authorised to act on behalf of the named customer(s) in connection with this enquiry/transaction and that I am acting within my authority. I understand this agreement is valid from the date of enquiry and for the period of the enquiry/transaction only (maximum 6 months from date of receipt).			
Signed		_	Print name
Company name,	/network		Date
Address			
			(Postcode)
Telephone numb	er	1	FCA registration number
Email			