

Please complete, sign and return to Scotwest Credit Union, 13 Elmbank Street, Glasgow G2 4PB.  
If you have any queries or require any further information please contact the Member Enquiry Line on 0141 227 2390

**1. MEMBERSHIP DETAILS**

To Scotwest Credit Union

Member Number

Full Name

**2. THIRD PARTY DETAILS**

Full name of third party

Address

Postcode

Date of birth

National insurance number

Contact number

Signature of Member

Date

**3. AUTHORISATION**

I agree that the above named person may act on my behalf for the services detailed below until further notice\*:

- Make account enquiries and check my balance
- Make deposits to my account
- Withdraw funds from my account
- Make changes to account details or authorisations

Scotwest Credit Union holds no liability for any loss resulting from the above authorised access to my account.

\*Please note that Third Party Signatories cannot open or close an account, make a loan application or continue to manage the account if the member becomes mentally incapacitated.

Signature of Member

Date

**Note: If the member is mentally incapacitated then this authorisation is not valid. Please contact your legal advisor**