

Irresponsible Lending

Letter of Authority

This page will be sent to your provider(s) to inform them that you give Direct Redress Limited, authority to act on your behalf. It needs to be signed by you and any additional account holder(s). Please complete a separate form for each Lender/Banking group you wish to claim against.

FULL NAME: (including Mr/Mrs/Miss/Ms)	FULL NAME: (joint policy holder, if applicable)
YOUR CURRENT ADDRESS:	PREVIOUS ADDRESS: (when agreement was signed, if different from current address)
IS THIS AGREEMENT IN SINGLE OR JOINT NAMES?	SINGLE <input type="checkbox"/> JOINT <input type="checkbox"/>
ACCOUNT HOLDER'S DATE OF BIRTH: <input type="text"/>	JOINT HOLDER'S DATE OF BIRTH: <input type="text"/>
PREVIOUS NAMES (if different from above):	JOINT ACCOUNT HOLDERS NAME ON AGREEMENT (if different from above):
LENDER:	
ACCOUNT NUMBER:	
ACCOUNT TYPE:	

TO WHOM IT MAY CONCERN: THIS AUTHORITY RELATES TO THE ACCOUNT LISTED ABOVE

Authorisation to Direct Redress

I/We authorise Direct Redress Limited to act on my/our behalf in respect of my/our Claim for Compensation for irresponsible lending, unreasonable or erroneous Credit/Bank charges and interest, and/or any other financial irregularities and any GDPR requests. If deemed to be in my/our best interest. I/We give Direct Redress Limited full authority to refer my/our Claim(s) to any other area of the banking group or third party, including but not limited to the Financial Ombudsman Service and/or the Financial Services Compensation Scheme.

Instructions to the Company

This letter is my/our instruction to you, the Company, to deal directly with Direct Redress Limited in respect of my/our claim. I/We expressly authorise that you, the Company, release to Direct Redress Limited any information, including GDPR requests, whether deemed confidential or otherwise as requested by them.

I/We acknowledge that I/We could pursue a claim directly with the Company, but I/We have instead opted to engage Direct Redress Limited whose fees will be recoverable from me/us. I/We request that all communications be made directly to Direct Redress Limited.

I/We authorise the extension of this Authority to any and all outstanding claims which you are currently processing on my/our behalf and that a copy of this Authority shall have the same validity as the original.

Disclosure of Documentation

I/We confirm that I/we have provided Direct Redress Limited with all the relevant documentation in our possession to investigate the claim.

Redress/Compensation

I/We understand that if monies are used to redress an outstanding debt balance or arrears a full fee will still be payable to Direct Redress Limited as outlined in the Terms of Engagement.

Instructions to Third Party

I/We give authorisation for Direct Redress Limited and/or the Company to contact any third party in order to gain information which may be needed to progress my/our claim. Furthermore, I/we give consent to the third party to release any information, including GDPR requests, as requested by Direct Redress Limited and/or the Company. I/We understand that all answers and statements given to Direct Redress Limited by me are factual and to the best of my knowledge.

I understand that, in addition to the present Letter of Authority I will need to provide further information when raising an expression of dis-satisfaction to the Lender, about the underlying product(s), service(s) and where known, specific account numbers being complained about. Doing so will enable the Lender to assess and determine the complaint as quickly and efficiently as possible.

Declaration of Truth

I/We confirm that the information given in this form is true and to the best of my/our knowledge and that any deliberate attempt to mislead may render me/us liable to prosecution. I/We give Direct Redress Limited full authority to act on my/our behalf.

Terms of Engagement

I/We have read and accept Direct Redress Limited's Terms of Engagement and give them full authority to make a claim on my/our behalf. I/We note particularly the Terms of Engagement relating to the collection of fees.

ACCOUNT HOLDER 1 SIGNATURE: DATE:	ACCOUNT HOLDER 2 SIGNATURE: DATE:
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Complete any additional previous addresses in the boxes below (if applicable)

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Letter of Authority Audit Report: Created By: Status: TransactionID:
History: Web Form: Web Form Unique Ref: Form Viewed By: Web Form e-Signed by: