

RECOVER BANK CHARGES (RBC) LTD

Letter of Authority

Please be advised that I the undersigned have instructed Recover Bank Charges (RBC) Ltd to act on my/our behalf in connection with bank charges that have been applied to my account over the past six years.

Please accept this letter as undisputed authority for Recover Bank Charges (RBC) Ltd to act on my behalf of the undersigned in connection with a review of any charges from your company. This authority will endure until cancelled in writing. Please deal directly with Recover Bank Charges (RBC) Ltd and provide them with any information they may request.

Confidential information can be released from any relevant filing system you may hold in connection with this matter, in accordance with my/our rights under the Data Protection Act, as and when requested by Recover Bank Charges (RBC) Ltd and sent to Recover Bank Charges (RBC) in their official capacity as agents for the undersigned.

This letter gives Recover Bank Charges (RBC) Ltd full authority to act on behalf of the undersigned in accepting or rejecting any refund payments offered and to refer this matter to the Financial Ombudsman Service. Any compensation or refund which may be payable, following these investigations, should be made payable to Recover Bank Charges (RBC) Ltd. Payment should be made by sending a cheque to Recover Bank Charges (RBC) Ltd at the address below or bank transfer to Recover Bank Charges (RBC) Ltd.

All correspondence in connection with this matter should be sent to: -

Recover Bank Charges (RBC) Ltd PO Box 540 Rochdale OL16 9DX

The undersigned confirms receipt of Terms of Business from Recover Bank Charges (RBC) Ltd and confirm that the terms are fully understood and accepted as the binding agreement in connection with all services provided by Recover Bank Charges (RBC) Ltd

Account Holder 1	Joint Account Holder 2 (if applicable)
Title..... First Name.....	Title..... First Name.....
Middle..... Surname.....	Middle..... Surname.....
Date of Birth.....	Date of Birth.....
Address	
..... Town Postcode	
Contact No..... Email Address	
Bank/Financial Institution or Account Provider.....	
Branch Address	
..... Town Postcode	
Sort Code - - Account/Card Number	
Time Account Held..... Have you previously complained about this account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the Account have Payment / Income Protection? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Account Holder 1	Joint Account Holder 2 (if applicable)
Signature	Signature
Print Name	Print Name
Date	Date