



Claim Ref

# Letter Of Authority

Registered Office: Abbey Business Centre Fountain Street Manchester M2 2AN  
t: 0800 8 654321 | f: 0161 247 8620 | e: enquiries@RBCMONEY.co.uk

THIS AUTHORITY WILL BE SENT TO YOUR FINANCE PROVIDER TO INFORM THEM THAT YOU GIVE RBC Money AUTHORITY TO ACT ON YOUR BEHALF.

IT NEEDS TO BE SIGNED BY YOU AND ANY ADDITIONAL JOINT ACCOUNT HOLDERS.

Your Name

Date Of Birth

Joint Policy Holders Name *(if applicable)*

Date Of Birth *(if applicable)*

Your Address

  
  

Telephone

Mobile

Email

## Account details

Finance Provider *(e.g. Abbey, Halifax, Natwest, etc.)*

Agreement or Account Number

### TO WHOM IT MAY CONCERN: THIS AUTHORITY RELATES TO THIS AND ALL OTHER CURRENT AND PREVIOUS ACCOUNTS WITH YOUR COMPANY

As provided for under RULE DISP2 of the Financial Services Authority Handbook, which states "A complaint may be brought on behalf of an eligible complainant (or a deceased person who would have been an eligible complainant) by a person authorised by the eligible complainant or authorised by law. I/we (named above) hereby appoint and expressly authorise RBC Mon£y to consider our claim for Compensation in respect of unreasonable or erroneous Credit Card / Bank Charges, unreasonable or erroneous Loan Charges, a mis-sold PPI, a mis-sold Life Assurance Policy, and/or financial irregularities regarding the Consumer Credit Act 1974, and if RBC Mon£y believes that the claim has merits, act on my/our behalf to seek Compensation.

I/We further authorise and insist that (as applicable) (a) lender(s), (b) provider(s) of the Credit Card/Loan (c) arranger(s) of the PPI, and/or (d) arranger(s) of the Life Assurance Policy (together 'the Relevant Parties') release to RBC Mon£y any information, whether deemed confidential or otherwise, as may be requested from time to time by RBC Mon£y, by telephone or in writing (including by fax or e-mail), and to do so without delay and debit any fee charged for supplying such data pursuant to the Data Protection Act, to my account / credit card with you.

I/We hereby authorise the extension of this Authority to any and all outstanding claims in respect of unreasonable or erroneous Credit Card/Bank Charges, unreasonable or erroneous Loan Charges, a mis-sold PPI (payment/loan protection insurance policy) a mis-sold Life Assurance Policy, and/or financial irregularities which you are currently processing on my/our behalf. I/We confirm that I/we have lawfully agreed to the terms and conditions of RBC Mon£y and agree to pay a fee of 25% plus VAT on any redress, compensation or benefit as a result of the service provided. I/We have expressly consented that all communications and payments from you must be made direct to RBC Mon£y (Client Account) and sent directly to their offices.

A copy of this Letter of Authority will have the same validity as the original and will stand until such time as my complaint is resolved in full to my/our satisfaction or until cancelled by me in writing.



Account Holder 1 Signature:

Date:

Account Holder 2 Signature:

Date: