



Letter of Authority

Please complete all the sections below:

Name of Account Holder	
Your Lowell Reference(s) for all accounts authorised	
Address of Account Holder	

I authorise the Lowell Group of Ellington House, 9 Savannah Way, Leeds, LS10 1AB to disclose information about my account(s) with the Third Party named below.

Signed by Account Holder	
Date	

Name of Third Party	
Address of Third Party	
Telephone of Third Party	
Email of Third Party	