Authority Form



Mortgage account number

Please note that all parties to the mortgage must sign this form as confirmation that the authority has been granted.

| 1st named | 1st named | | Date | |
|-------------------------------|-----------------------|-------------------------|------|--|
| customer | customer signature | | | |
| 2nd named | 2nd named [| | Date | |
| customer | customer | | | |
| | signature | | | |
| 3rd named | 3rd named [| | Date | |
| customer | customer | | | |
| | signature | | | |
| 4th named | 4th named [| | Date | |
| customer | customer | | | |
| | signature | | | |
| | | | | |
| Address of mortgaged property | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Home telephone number | | Mobile telephone number | | |
| | | | | |
| | | | | |
| *Best time to contact | | | | |

*Please note our office hours are Monday to Friday 9:00am to 5:00pm

I/We give my/our authority for Virgin Money to discuss or forward any information regarding the above named mortgage account to:

| Name | | |
|------------------|------------|--|
| Address | | |
| Telephone number | Fax number | |
| Extension | | |

I/We understand that this authority will remain in place for 12 months unless I/we (or any one of us) advise Virgin Money that it is withdrawn.

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