

# Add Attorney/Deputy to an Account

Please complete a separate form for each Attorney/Deputy /Customer (if joint names). Please complete in BLOCK CAPITALS and in black ink – must be signed by Attorney/Deputy

Customer Account Number(s)

Account name(s)

## 1. Attorney/Deputy Personal Details

First name  Date of Birth  /  /

Surname  Email

Home phone number. (include code)

Mobile number

Permanent residential address:

House name  Street name

Town  City

County  Postcode

Are you an existing Furness Building Society Customer? Yes  No

If 'Yes' please provide an Account No

For office use only Customer Number (If not existing please create a CN) Yes  No   
2 Forms of Identification required Attached

## 2. Address for account correspondence – Must be completed fully

Customer's address  Attorney's address

## 3. Attorney/Deputy confirmation

I confirm that the above details are correct and authorise you to change my details.

Please sign

Date  /  /

Print name

**Enduring Power of Attorney only** - I understand I have a duty to apply to the Court for the registration when the donor is or is becoming mentally incapable (under the Enduring Power of Attorney Act 1985).

Please sign - For EPA Only