



FORM OF AUTHORITY

YOUR NAME:
YOUR ADDRESS:
.....

ACCOUNT DETAILS:

For Bank Accounts

Name of Bank:
Branch Address:
Account number:
Sort Code:

For Credit Cards/Store Cards

Name of cardholder:
Name of card company:
Address of card company:
Account Number:

Red Card Claims has been appointed to act on my behalf in respect of all negotiations, correspondence and actions, as required, and as set out in the accompanying letter.

The above company therefore has my express authority to deal with Red Card Claims as if dealing with me in person (including releasing copies of my account details and statements to Red Card Claims). In addition, if any of the information supplied is not relative to my claim but it is the only format in which the above company can easily supply the data, they have my authority to supply whatever is required.

Please ensure all future correspondence and contact regarding this matter is sent to Red Card Claims Limited and not direct to me. Please ensure any settlement cheque is sent to Red Card Claims Limited made payable to that company.

The above company should note that I will not at any time negotiate directly with them in respect of my claim and all attempts to settle my claim by them must be discussed in full with my appointed representatives, Red Card Claims Limited.

Signed: Dated:

Please return to: Red Card Claims Limited, Merlin House, 1 Langstone Business Park, Newport NP18 2HJ

Red Card Claims Limited is regulated by the Ministry of Justice in respect of regulated claims management activities; its registration is recorded on the website www.claimsregulation.co.uk