



West Cheshire Credit Union Ltd
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CH1 3DY

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INFORMATION DISCLOSURE AUTHORISATION

Membership Number: _____

Name: _____

Address: _____

I give authorisation for the person named below to act on my behalf in relation to my account with West Cheshire Credit Union.

Signed: _____

Date: _____

Authorised Person

Name: _____

Signed: _____

Password to be used: _____