



# BANK CHARGES - LETTER OF AUTHORITY

## Authority and instructions to act on behalf of the client and to provide Information and pay compensation to Monster Claims Limited

### To Whom It May Concern:

Name of Bank (Inc Address):

Bank Account Number (Usually 8 digits):

Sort Code (Usually 6 digits):

I/we appoint and expressly authorise Monster Claims Ltd ('the company') to consider our claim for Bank Charges and seek compensation in accordance with DISP 2.4 16R of the FSA Handbook,

'A complaint may be bought on behalf of an *eligible complainant*, or a deceased person who would have been an *eligible complainant*, by a person authorised by *the eligible complainant* or authorised by law', if the company believes the case warrants such action.

I/we further authorise and insist that you the firm and/or licensee(s) release to the company any information that may be requested from time to time, whether that be in writing, by phone, email, fax or as directed, in accordance with 'Rights of Data Subjects and Others' under the Data Protection Act 1998.

I/we hereby give our expressed consent for any sum awarded to be paid to Monster Claims Ltd, acting on my behalf, as provided for under section "47B of the Enterprise Act 2002 which will then be forwarded to me/us.

Please be advised that any wilful failure to comply with this or any other subsequent instruction made by the company acting on my behalf, whom I/we have legally contracted, within the legal requirements as set out by the Competition Act 1988, the Enterprise Act 2002 and Articles 81 and 82 of the EC Treaty may leave you the firm or licensee(S), open to legal recourse.

(If the claim is in respect of a joint policy, both names must sign, if you have changed your surname since opening the policy and not informed the company, please add this and sign with your original signature).

<b>Account Holder 1</b>		
Title	First Name	Initial
Surname		
Date of birth	D   D   M   M   Y   Y	
Address		
Postcode		
Signature		
Date		

<b>Account Holder 2</b>		
Title	First Name	Initial
Surname		
Date of birth	D   D   M   M   Y   Y	
Address		
Postcode		
Signature		
Date		