

**Designated Client Deposit account
Withdrawal Authority for:**

Name of firm:



Personal Details for All Signatories please complete this section in block capitals

Signatory 1

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

Forenames: _____

Home address: _____

Post code: _____

Signature: _____ Date: _____

Signatory 2

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

Forenames: _____

Home address: _____

Post code: _____

Signature: _____ Date: _____

Signatory 3

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

Forenames: _____

Home address: _____

Post code: _____

Signature: _____ Date: _____

Signatory 4

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

Forenames: _____

Home address: _____

Post code: _____

Signature: _____ Date: _____

Signatory 5

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

Forenames: _____

Home address: _____

Post code: _____

Signature: _____ Date: _____

Signatory 6

Title (Mr/Mrs/Miss/Ms/Other): _____ Date of birth: _____

Surname: _____

Forenames: _____

Home address: _____

Post code: _____

Signature: _____ Date: _____

This authority will apply to all our Designated Client Deposit accounts held by Buckinghamshire Building Society. We understand and agree that the Designated Client Deposit account shall be subject to those rules of the Society applicable to depositors and we agree to the terms and conditions that apply to this account. We have verified the identity of the client in accordance with current JMLSG Guidance Notes.

The Society may accept any (enter no.) of the specimen signatures provided on this Withdrawal Authority.