THIRD PARTY BANK ACCOUNT AUTHORIZATION FORM

Name of Account Owner:	
Bank Account Number:	
I.D. Number:	
Billing Address:	
Phone:	

The undersigned agrees that he/she is an authorized user of the above-mentioned bank account.

The account owner authorizes _____ to deposit from this bank account as per below details.

Amount: € _____

Reason for the authorization to use the bank account to make a deposit:

_____

_____

Please state if this bank account will be used for **one time deposit** only: _____

Relationship* to the authorized user: _____

** (Relationship: For example friend, husband, partner, father or mother)*

SIGNATURE OF BANK ACCOUNT OWNER: _____

DATE: _____

**** PLEASE SEND PASSPORT / ID COPY OF THE BANK ACCOUNT HOLDER ****