

Letter of Authority Form



Customer details

Name

Address

Preferred contact number

Date of birth (DD/MM/YYYY)

Email address

Account details

Indicate which accounts this Authority is intended for by completing the relevant section that applies to you:

Please consider this Authority for all account(s) I hold with ANZ. *Provide one account number:*

Account number

OR

Please consider this Authority for only the following account(s)/reference number I hold with ANZ. Provide the account number(s) below:

Account number(s)

Account number(s)

Reference number

Representative details

Name

Organisation (if applicable)

Address

Contact number

Email address

Please extend this Authority to any employees of the above organisation

This Authority (please select an option):

This Authority is ongoing. This Authority will be revoked when ANZ receives notice from me or My Representative/s that the Authority is revoked, or when I appoint a subsequent person to act on my behalf after the date of this Authority.

OR

This Authority is limited to

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Authority

I authorise the above mentioned person(s) ("My Representative/s") to:

- Seek and exchange personal information about me and my accounts with ANZ (including consumer and/or commercial credit information, my credit report or information concerning my credit history);
- Negotiate with ANZ and enter into arrangements that are binding on me related to the account(s);
- Act on my behalf until this Authority is revoked.

I authorise ANZ to:

- Seek and exchange personal information about me and my accounts with My Representative/s (including consumer and/or commercial credit information, my credit report or information concerning my credit history);
- Negotiate with My Representative/s and enter into arrangements that are binding on me related to the account(s).

I agree that:

- Standard account notifications (including account statements and other notices) can still be sent to me by ANZ;
- If an agreement is negotiated with My Representative/s, my written consent (and the written consent of any joint account holders and/or guarantors) may be required;
- ANZ may rely on the information provided to it by My Representative as having been provided with my Authority and as being true and correct;
- ANZ may deal with My Representative until the Authority is revoked.

Customer signature

Representative signature

Date

Date