

## LETTER OF AUTHORISATION FORM

### ACCOUNT HOLDER INFORMATION

Account Holder name:	
Address:	
Telephone number:	
Date of Birth	
Ref Number	

### AUTHORITY

I authorise \_\_\_\_\_ ( authorised person name ) of \_\_\_\_\_ (address of authorized party) to act as my authorised party to seek and exchange personal information (including credit / debt related information) about me and my accounts commencing \_\_\_\_\_ (date of authority) and to discuss and negotiate and enter into arrangements that are binding on me related to my accounts until this authority is revoked.

#### I understand that:

- Standard account notification (including account balance and other notices) can still be sent to me by Collexa Recoveries and Investigations
- If an agreement is made, my consent may be required;
- Collexa Recoveries and Investigations will rely on the information provided on the declaration and privacy consent previously provided by me to the Financial Institution
- That Collexa Recoveries and Investigations will deal with my appointed representative until the authority is revoked or if they believe my agent is not acting in my best interest.

Signed: Customer	Date
Signed: Authorised Person	Date