



CUSTOMER DETAILS

Name

Date of birth (DD/MM/YYYY)

Address

Suburb

State

Postcode

Preferred contact number

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) I hold with ANZ. *Provide the account number(s) below:*

Account number(s)

Account number(s)

REPRESENTATIVE DETAILS

Name

Organisation (if applicable)

Address

Suburb

State

Postcode

Contact number

Please extend this Authority to any employees of the above organisation

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 acknowledge that this Authority will remain in force until revoked. 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.

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 being 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 (DD/MM/YYYY)

Date (DD/MM/YYYY)