

Letter of Authority Form



Customer details

Name

Preferred contact number

Address

Date of birth (DD/MM/YYYY)

Email address

Account/Reference number details (please select an option)

Indicate which account/s or reference number/s this Authority relates to:

Option 1

This Authority relates to all my ANZ accounts (enter details of one account below):

Account number

OR

Option 2

This Authority relates to only the following ANZ account or reference number:

Account number

Account number

Reference number

Representative details

Name

Organisation* (if applicable)

Address

Contact number

Email address

*This Authority applies to any employees of the above named organisation.

This Authority (please select an option):

This Authority is ongoing and 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 named 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).

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.

Customer signature

Representative signature

Date

Date

Note: If this relates to a financial hardship application, please email the completed form to CustomerConnect@anz.com or mail to Locked Bag 10, Collins Street West Melbourne, Victoria 8007. For queries contact us on 1800 252 845.