

Third Party Authority Form

Please complete and return this form :

Reply Paid 940, Melbourne, VIC 8060

Account holder details

Account Holder 1	<input type="text"/>		
	Title	First name (s)	Last name
Account Holder 2	<input type="text"/>		
	Title	First name (s)	Last name
Account Number 1	<input type="text"/>	Account Number 2	<input type="text"/>
Account Number 3	<input type="text"/>	Account Number 4	<input type="text"/>

Level of authority

Please tick one of the options below

Authority to disclose information and maintain my/our account – Permits authorised person to: obtain account information, act on my/our behalf including to negotiate with the Credit Provider and make legally binding decisions regarding the account, and undertake additional activities listed in item 3.

In accordance with section 21T of the Privacy Act 1988, I/ We authorise:

- 1) The person nominated to request access to my/our personal information (including credit eligibility information) concerning my/our Account;
- 2) The Credit Provider to act on such request and to disclose to and receive from the nominated person such information related to my/our account; and
- 3) The person nominated to **maintain my/our account**, including to:
 - a. Make a change of address and phone numbers
 - b. Request the issue of a new card or activate a card on my/our account
 - c. Request changes to special promotion details, if incorrect
 - d. Request fee/charge reversal, if the details are incorrect.
- 4) I/ We authorise (**please tick one of the options below**)

The Credit Provider to contact me/ us (account holder/s) directly OR my/our nominated Third Party.

The Credit Provider to contact my/our nominated Third Party ONLY.

Authority to disclose information only – Permits authorised person to obtain account information and arrange for payments only.

In accordance with section 21T of the Privacy Act 1988, I/ We authorise:

- 1) The person nominated below to request access to my/our personal information (including credit eligibility information) concerning my/our account; and
- 2) The Credit Provider to act on such request and to disclose to the nominated person such information related to my/our account.

Authorised person (Must be at least 18 years of age)

Full name	<input type="text"/>		
	Title	First name (s)	Last name
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Mobile Phone	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Residential Address	<input type="text"/>		
	State		Postcode

Credit Providers:

Latitude Finance Australia (ABN 42 008 583 588). Australian Credit Licence Number 392145.

Latitude Personal Finance Pty Ltd (ABN 54 008 443 810). Australian Credit Licence Number 392163.

Latitude Automotive Financial Services (ABN 80 004 187 419) trading as Latitude Financial Services. Australian Credit Licence Number 392178.

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Organisation

I/ We authorise the Credit Provider to contact the preferred contact below ONLY.

I/ We authorise the Credit Provider to contact any representative from the below organisation.

Organisation Name	<input type="text"/>		
Department	<input type="text"/>		
Preferred Contact Name	<small>Title</small>	<small>First name (s)</small>	<small>Last name</small>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ABN/ ACN Number	Phone Number	Fax Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account holder authorisation

Please ensure you (Account holder) inform the authorised person that they will be asked to provide information (including the above) to enable us confirm that they are the party authorised to receive information relating to your account.

This authority remains in force until I/ We cancel it. I/ We understand that I/ We may cancel this authority at any time by written notification to the Credit Provider with the termination being effective from the date written notification is received by the Credit Provider.

Account Holder 1 Signature	<input type="text"/>	Date	<input type="text"/>
Account Holder 2 Signature	<input type="text"/>	Date	<input type="text"/>

Authorised person authorisation (must be at least 18 years of age)

I understand that the Credit Provider collects and uses the information provided about me to facilitate this authorisation. For further information on how the Credit Provider collects, uses, discloses and stores personal information including how I can access and seek correction of my personal information or complain about Credit Provider's handling of my personal information I can refer to Credit Provider's Privacy Policy available at www.latitudefinancial.com.au/privacy.

Signature	<input type="text"/>	Date	<input type="text"/>
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