

Third Party Authorisation Form

If you are a customer looking to authorise a third-party on your account, please complete all mandatory details (indicated by *).

Please ensure your contact details are the same as your current account so the information can be validated and processed immediately, otherwise we may need to get in touch with you.

You can email this form to: info@completecredit.com.au

Or post to: PO Box W167, Parramatta Westfield, Parramatta NSW 2150

Customer Details*

First Name	
Middle Name	
Last Name	
Date of Birth * (DD/MM/YYYY)	

Address*

Street Address	
Suburb	
State / Country	
Post Code	

Contact Details*

Email *	
Phone Number *	
Complete Credit Reference number (5 or 6 digit file number) *	

**If a co-borrower is applicable to the account, please complete all fields in this section.*

Co-borrower Details

First Name	
Middle Name	
Last Name	
Date of Birth (DD/MM/YYYY)	

Co-borrower Address

Street Address	
Suburb	
State / Country	
Post Code	

Co-borrower Contact Details

Email	
Phone Number	
Complete Credit Reference number (5 or 6 digit file number)	

Please nominate the third-party representative you would like to authorise on your account.

Representative's Name *

First Name	
Middle Name	
Last Name	

Representative's Address*

Street Address	
Suburb	
State / Country	
Post Code	

Representative's Other Details

Company Name	
National Registration Number (for Financial Counsellors)	
Email *	
Phone Number *	

Basis of Authorisation Provided

Is Authorisation provided ongoing?*(Yes or No)	Yes No
Is Authorisation ending on a certain date? (If No is selected above, use DD/MM/YYYY)	
If authorisation is strictly limited to a specific purpose, please describe.	

Declaration*

<p>I/we wish to appoint the aforementioned representative to act on my/our behalf in relation to all matters held with Complete Credit which may include obtaining access to any and all personal and financial information held by Complete Credit about me and information surrounding any outstanding accounts that I/we may have with them. I/we understand that this Authority allows Complete Credit to rely on any instruction, agreement or act by my/our chosen representative with respect to any account/s in my/our name to which I/we are legally obligated.</p>	
Signature*	
Date* (DD/MM/YYYY)	

Additional Information

Comment or Message	
<p><i>Letter of Authority – May be applicable to attach if you are authorising a Financial Counsellor/ Solicitor/ Credit Repairer</i></p>	