



Please complete all fields where applicable. This form can be filled out and saved as a soft copy or printed and completed by hand. Please send the completed form via email, fax or mail using the following details:

### Personal Loans, Credit Cards and Personal Overdrafts:

Email: [customerconnect@anz.com](mailto:customerconnect@anz.com)  
Melbourne, Victoria 8007

Fax: 1800 010 057 Mail: Locked Bag 10, Collins Street West,

### Mortgages:

Email: [customerconnect@anz.com](mailto:customerconnect@anz.com)  
Victoria 8007

Fax: 1800 462 852 Mail: Locked Bag 9, Collins Street West, Melbourne,

### Small Business and Esanda:

Email: [customerconnect@anz.com](mailto:customerconnect@anz.com)  
Melbourne, Victoria 8007

Fax: 1800 678 230 Mail: Locked Bag 10, Collins Street West,

If you have any questions about this form, please feel free to call us on 1800 252 845.

## 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 and Declaration - Customer

I authorise the above mentioned person(s) ("My Representative/s") to act on my behalf until this Authority is revoked. I authorise My Representative and ANZ 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 each other 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 been provided with my authority and as being true and correct; and
- ANZ may deal with My Representative until the Authority is revoked.

## Customer signature

Date (DD/MM/YYYY)

## Declaration – Representative

I understand that ANZ's Privacy Policy ([www.anz.com/privacy](http://www.anz.com/privacy)) contains information about how I can access my personal information and seek correction of my personal information; and how I can raise concerns that ANZ has breached the Privacy Act or an applicable Code and how ANZ will deal with these matters

## Representative signature

Date (DD/MM/YYYY)