

# Financial counsellor Authorisation Form

## Purpose of the Authority form

By signing this authority, you authorise the financial counselling agency to act on your behalf with the named third party, such as a creditor, debt collector, external dispute resolution scheme or a telecommunications company.

When acting on your behalf, the financial counselling agency may (amongst other things):

- to seek and exchange personal information about you and your account/s;
- negotiate; and
- enter into arrangements.

## Authorisation

Third party:	
Reference no.:	

### I/We:

Full Name (#1):	
Date of birth:	
Address:	

Full Name (#2):	
Date of birth:	
Address:	

### Your Business details (if applicable)

Business name:	
ABN	
Address:	

## Authorise:

Name of financial counselling agency: (Authorised Representative)			
Financial counsellor's name:		Registration number:	
Address:			
Phone:		Mobile:	
Email:			

## Signature

Name (#1):		Date:	
Name (#2):		Date:	