# **Financial counselling agency 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):

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

## **Authorisation**

Third party:	
Reference no.:	

#### l/We:

Full Name (#1):	
Date of birth:	
Address:	
Full Name (#2):	
Date of birth:	

#### Your Business details (if applicable)

Business name:	
ABN	
Address:	

# **Authorise:**

Address:

Name of financi (Authorised Rep	ial counselling age presentative)	ency:			
Financial couns	ellor's name:			Registration number:	
Address:		2			-
Phone:			Mobile:		
Email:					

## Signature

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

This form was developed by Financial Counselling Australia in consultation with industry, peak bodies and EDR schemes | April 2020