

THIRD PARTY AUTHORISATION FORM

To Nominate An Authorised Third Party

Return the completed form by email to nsw@ccsgroup.com.au or post to **Level 4, 10 Park Road Hurstville NSW 2220.**

If you need help reach out and speak to one of our Customer Care Representatives who can assist you through the process by calling **02 8568 6500.**

Customer

Accounts This Authorisation Applies To

 All Accounts Individual Accounts (list below)

Account Type	Account/Card Number	Account Type	Account/Card Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorisation Details

What level of access are you authorising?

 Enquiry Access

This will permit the Authorised Person/s to:

- Obtain Account details and transaction information and activity only
- Account Details: All information on file regarding your account
- Transaction Activity: All information regarding transactions, amounts and dates.

 Limited Access

This will permit the Authorised Person/s to:

- Make amendments to the Account(s), update contact details etc
- Request a payout figure
- Change address, phone number or email address
- To act, negotiate and accept outcomes with Complaint and Hardship Requests.

I/we authorise:

Authorised person:	Date of Birth:
Relationship:	
Organisation/Agency Name:	
Mother's Maiden Name (not required for Financial Counsellors or Authorised Agents):	
Address:	
Email:	Phone:
Start Date:	End Date:

or any other financial counsellor within the organisation to act as my/our agent to:

- Seek and exchange personal information (including information related to credit, financial affairs or sensitive information) about me and my accounts from CCSG or any accounts managed by CCSG
- Negotiate with CCSG and enter into arrangements that are binding on me/us related to the account(s)
- Act on my behalf until this authority is revoked or comes to an expiry as per the End Date provided above.

I/we understand that:

- Standard account notification (including prescribed notices) will still be sent to me/us by CCSG
- If an agreement is made, my/our written consent may be required
- CCSG will rely on the information provided
- CCSG will communicate with my/our appointed representative via phone, letter and email or other forms of communication as agreed and which may be required (unless the end date provided above has been met)
- CCSG will deal with my/our appointed representative until I advise CCSG that I request to have the authority revoked (in writing or by phone)
- If CCSG are unable to contact your authority within a 14 day period, we will recommence contacting the primary account holder (in writing or by phone) and remove the authorised person(s) from our system.

Customer	Authorised Third Party/Financial Counsellor/Agent
Signature:	Signature:
Date:	Date:
Financial Counsellor Registration Number:	

In completing this form, you consent to CCSG collecting your personal information so that we can perform our business activities and functions and provide best possible quality of customer service. If you do not provide us with your personal information we may not be able to provide our products or services, either to the same standard or at all. Please refer to our Privacy policy for more information available on our website www.ccsgroup.com.au.