

Third Party Authorisation Form

This form is used to authorise Credit Collection Services Group (CCSG) and its representatives to provide information and documentation about your account(s) to your nominated representative.

Customer:

Given name(s):	Surname:
Residential Address:	
Phone:	Mobile:
Email:	Case number(s):

Nominated authorised representative:

Given name(s):	Surname:
Date of Birth:	Relationship:
Company name (if applicable):	
Do you wish to nominate all staff from this company?	Yes No N/A
Address:	
Phone:	Mobile:
Email:	Financial counsellor registration number:

Term of authority:

Please confirm the term of this authority:

Valid for 12 months from the date you signed this authority

Valid until revoked in writing by you

I wish for this authority to expire on Date:

Declaration:

By signing this Third Party Authority Form, I:

- authorise CCSG and its representatives to provide the nominated representative with information and documentation they request about my account(s)
- understand CCSG and its representatives may do some checks to confirm the identity of the nominated representative prior to disclosing any information about my account
- acknowledge that CCSG and its representatives are not responsible for any loss and/or liabilities which may result from CCSG or its representatives providing information to my nominated representative
- consent to my information being used in accordance with CCSG's Privacy Policy
- acknowledge that it is my responsibility to notify the nominated representative about the collection and disclosure of their personal information to CCSG and its representatives. Copy available at ccsgroup.com.au/privacypolicy/
- confirm that the nominated representative on this form replaces any existing third party nominations
- acknowledge that I can revoke this Authority at any time in writing to CCSG.

Authorisation:

Name:	
Signature:	Date: