CREDIT COLLECTION SERVICES GROUP PTY LTD

Email | Print

18/05/2026 Version 3.5

Third Party Authorisation Form

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
- Valid until revoked in writing
- Expires on (date):

Scope of authority:

Please indicate what the authorised third party is allowed to do on your behalf (tick all that apply):

- Full Authority – May discuss account details, negotiate payment arrangements, and manage the account generally.
- Information Only – May receive information about the account but cannot make changes or negotiate.
- Payment Arrangements Only – May negotiate payment arrangements but cannot discuss other matters.
- Complaint Only – Authority limited to managing a complaint.
- Hardship Only – Authority limited to managing a hardship application or arrangement.
- Legal / Representation Only – Authority limited to legal or advocacy representation.
- Other (please specify):

Authorisation:

By signing this form, I authorise Credit Collection Services Group (CCSG) and its representatives to communicate with and disclose information about my account(s) to the authorised third party named on this form, in accordance with the scope of authority.

Name:	
Signature:	Date:

Credit Collection Services Group
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Website: ccsgroup.com.au