

Authority to Third Party

Attention: **Loan Administration**

Return to fax to: **07 3002 8400**

Email to **livez@firstmac.com.au**

Account Number(s)

Nominated third party

I / We understand that I / we CAN NOT give an authority to a third party to operate my / our account or deal with my / our loan securities.

I / We

give the following company authority to enquire on the following information about my / our account:

Company name

Address

Contact phone

Email address

Borrower reference with company

Information about my / our account — please ✓ tick the information box below that this authority applies to:

☐ Account balance/s

☐ Indicative payout figures

☐ Arrears and variations

☐ Terms and conditions of loan agreement

☐ Transactional activity

☐ Other

☐ Interest rates and loan repayments

☐ Fees and charges

This authority is valid

For this date only

/ /

OR

☐

For the life of the facility (unless cancelled by me / us in writing)

Borrower Authorisation (all borrowers to sign)

I / We fully understand that by signing this form, I / we give authority to representatives of the above mentioned company

Borrower name

Borrower name

Signed

Signed

Witnessed

Witnessed

(Witness to be greater than 18 years of age and of sound mind)

(Witness to be greater than 18 years of age and of sound mind)

Date

/ /

Date

/ /

On receipt of this form, we will contact you to confirm your identity via Equifax Biometrics.