



Authority to third party

Attention:	Loan Administration	
Return by fax to:	07 3002 8400	Email to: loans@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 person authority to **discuss** the following information about my / our account:

Name: _____ Date of birth: ___/___/_____

Address: _____

Contact phone: _____ Current driver's licence or passport number: _____

Relationship to borrower: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Account balance/s | <input type="checkbox"/> Indicative payout figures |
| <input type="checkbox"/> Arrears and variations | <input type="checkbox"/> Terms and conditions of loan agreement |
| <input type="checkbox"/> Transactional activity | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interest rates and loan repayments | _____ |
| <input type="checkbox"/> 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)

Signed and dated (all borrowers to sign)

I / We fully understand that by signing this form, I / we give authority to the above mentioned person.

Borrower name: _____

Signed: _____

Witnessed: _____

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

Date: ___/___/_____

Borrower name: _____

Signed: _____

Witnessed: _____

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

Date: ___/___/_____