

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: _____	Borrower name: _____
Signed: _____	Signed: _____
Witnessed: _____ (Witness to be greater than 18 years of age and of sound mind)	Witnessed: _____ (Witness to be greater than 18 years of age and of sound mind)
Date: ___/___/____	Date: ___/___/____