



Australian LETTER OF AUTHORITY

In accordance with section 18N (1) (ga) of the Privacy Act 1988, I authorise:

1. Each of the persons nominated below to request access to information regarding my account(s) and or credit file and;
2. _____ (name of creditor/entity) to act on such requests to disclose information related to my account/s or credit file to the nominated persons and to direct any charges for the provision of such information to me or to add them to my account.
3. To sign all such forms and documents on my behalf in order to correct or otherwise deal with any listing or notice which may appear on my credit file including but not limited to any statutory, regulatory, administrative or court document as may be necessary.

This authority remains in force until canceled by me. I understand that I may cancel this authority at any time by written notification to the above listed creditor/entity – termination being effective from the date written notification is received by the above listed creditor/entity.

Account / File Details					
My Account Number/s are:					
Client Details					
Mr/Mrs/Miss/Ms		Surname:			
		Given Name/s:			
My Address is:					
				Town/Suburb:	
State:		Postcode:		DOB / /19	
Signature:		<input checked="" type="checkbox"/>			
Date Signed:		/ /		DL Number:	

Nominated Person(s)			
Nominees	Date of Birth	Password	Signature

Name of Nominee:	MyCRA Pty Ltd
Address of Nominee/s:	PO Box 1134 STAFFORD QLD 4053
Phone Number of Nominee/s:	07 3124 7133
Fax Number of Nominee/s:	1300 665 894
Email Address of Nominee/s	info@mycra.com.au