



LETTER OF AUTHORITY

YOUR Details

Full Name	DOB
Address	Mobile
Email	Home
Work	Work

AUTHORITY'S details

Authority's Name	Password
Authority's Address	Home
	Mobile

I, the above mentioned, confirm authority for Axess Recoveries & Collections Pty Ltd (including its related entities within the meaning of *the Corporation Act 2001*) (**ARC**) to provide, obtain and discuss my personal information held by them with the above nominated person. I agree that the above nominated may negotiate and enter into payment arrangements or agreements on my behalf until such a time as this authority is to end.

I understand that this authority will in no way remove liability from myself in relation to any matters held or managed by ARC

I confirm that the above-mentioned information is factual, current and free of error to the best of my knowledge and will endeavor to keep these details current and up-to-date.

Account Holder's Signature	Date
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The information above is for the use of ARC and its affiliated companies and agents, its client and their representatives. The information shall be used only for the reason it has been collected, being: for any actions relating to the recovery of monies from the person named above by ARC and its affiliated companies and agents on behalf of their clients and representatives.