



GE Money

GPO Box 940G Melbourne VIC 8060

To: GE Capital Finance Australia
ABN 42 008 583 588
ABN 54 008 443 810
ABN 80 004 187 419
ABN 93 000 032 075
Each trading as GE Money

Third Party Authority Form

- I authorise, each of the people/organisations referred to below to seek access to information relating to my accounts with any of the Credit Providers, including but not limited to those listed in this Authority ("my accounts").
- I authorise and request the relevant Credit Provider to disclose, to any of the people/organisations referred to below, on their request, any such information relating to or concerning my accounts.
- I understand that I may cancel this authority to all of the Credit Providers at any time by written notification to the relevant Credit Provider with effect from the date it is received by the relevant Credit Provider.

Section 1 - Authority Disclosure (please tick one of the options below)

Authority to disclose information and maintain my account

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

- 1) The person nominated below to request access to information concerning my account;
- 2) GE Money to act on such request and to disclose information related to my account to the nominated person; and
- 3) The person nominated below to maintain my account, including to: a) make a change of address and phone numbers; b) request the issue of a new card or activate a card on my account; c) request changes to special promotion details, if incorrect; and d) request fee/charge reversal, if the details are incorrect. This authority remains in force until the nominated third party or I cancel it. I understand that I may cancel this authority at any time by written notification to GE Money with the termination being effective from the date written notification is received by GE Money.

Authority to disclose information only

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

- 1) The person nominated below to request access to information concerning my account; and
- 2) GE Money to act on such request and to disclose information related to my account to the nominated person.

Section 2 - Account Holder Details

I/WE authorise the below nominated third party authority on ALL my accounts with GE Money

I/WE authorise the below mentioned third party authority on ONLY the below mentioned accounts

Account Number 1 _____ Account Number 2 _____

Account Number 1 _____ Account Number 2 _____

Account Number 1 _____ Account Number 2 _____

Account Holder 1

Title _____ Given Name(s) _____ Surname _____

Date of Birth _____ Home Phone _____ Mobile Phone _____

Residential Address _____

Account Holder 2

Title _____ Given Name(s) _____ Surname _____

Date of Birth _____ Home Phone _____ Mobile Phone _____

Residential Address _____

Account Holder 1 Signature

Date (DD/MM/YY)

Account Holder 2 Signature

Date (DD/MM/YY)



Section 3 - Authorised Nominated Third Party (must be at least 18 years of age)

I/WE authorise GE Money to contact me/us (account holder/s) directly OR my/our nominated Third Party.

I/WE authorise GE Money to contact my/our nominated Third Party ONLY.

Title _____ Given Name(s) _____ Surname _____

Date of Birth _____ Home Phone _____ Mobile Phone _____

Residential Address _____

Relationship to Borrwer/s _____

Subject to the provisions of the Privacy Act, I acknowledge that I may have access to personal information collected and held by GE Capital (and its related companies) ("GE") about me. I acknowledge that I can enquire as to the identity of each related company of GE and may contact GE for access to my personal information held by GE by contacting 1300 137 759

Authorised Nominated Third Party Signature

Date (DD/MM/YY)

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Section 4 – Organisation

I/WE authorise GE Money to contact the preferred contact/s below ONLY.

I/WE authorise GE Money to contact any representative from the below Company.

Organisation Name _____

Department _____

Address _____

Phone Number _____ Fax Number _____

Preferred Contact Name _____

Preferred Contact Name _____

Delivery Address:

GPO Box 1945
Melbourne VIC 3001