



**Third Party Authority**

Purpose of the Authority Form

By signing this authority, you authorise the named individual to act on your behalf with respect to the provision of support services within the Telephone and Online NILS program scope at Good Shepherd Australia New Zealand.

When acting on your behalf, the third party may (amongst other things):

- Seek and exchange personal information about you and your account/s;
- Set up and attend appointments with you and;
- Support you in applying for a No Interest Loan.

**Authorisation:**

Full Name (#1):	
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**Of:**

Address:	
Date of Birth:	

Willingly provide the below named third party individual/organisation access to my information and authorise them to act on my behalf.

**Authorise:**

**I:**

Full Name (#2):	
Business name & ABN (If Applicable)	

**Of:**

Address:	
Date of Birth	
Contact Number	
Email address:	

**Signature:**

Name (#1):	
Name (#2):	

This authorisation is valid until the end of the term of the NILS loan term or until it is withdrawn by either of the named parties.

Only you will be able to make changes to your account, and you may withdraw a Third Party's access at any time by calling us or sending us a written notice.

Please contact us on 13 NILS during the hours of 9am to 5pm, Monday to Friday if you require any further assistance.