

# Letter of Authority Form

## CUSTOMER DETAILS

Name

Date of birth (DD/MM/YYYY)

Address

Suburb  State  Postcode

Preferred contact number

## ACCOUNT DETAILS

*please provide all PRA Australia account numbers that this form is applicable to*

Account number

## REPRESENTATIVE DETAILS

Name

Organisation (if applicable)

Address

Suburb  State  Postcode

Contact number

Please extend this Authority to any employees of the above organisation

## AUTHORITY

I authorise the above mentioned person(s) ("My Representative/s") to:

- Seek and exchange personal information about me and my accounts with PRA Australia
- Negotiate with PRA Australia in relation to payments and enter into arrangements related to the account(s);
- Act on my behalf until this Authority is revoked by either myself or my authorised representative

I acknowledge that PRA Australia may contact me directly and/or remove my authorised representative if they are not contactable or not acting in my best interest

Customer signature

Representative signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

**Once completed please return this form via one of the following methods**

**Email:** customerservice@pragroup.com.au

**Post:** GPO Box 1624, Brisbane QLD, 4001