



# Macquarie Card Services Authorised Representative Request Form



Please complete the following form using blue/black ink and capital letters and;

 **Post:** Macquarie Card Services, PO Box 3666, Rhodes NSW 2138 or

 **Fax:** 1300 658 695

For more information, please contact us on;

 **Phone:** 1300 150 300

By completing this form, you give authority for a nominated person to access all information regarding your Macquarie Card account. When contacting us, they must advise that they are the authorised representative and provide both the account number and the password specified below. This access does not allow the authorised representative to make any changes to the account (including updating contact details) or transactions.

## Primary cardholder details

Macquarie Card number	
<input type="text"/>	
First name	
<input type="text"/>	
Surname	
<input type="text"/>	
Street address	
<input type="text"/>	
Suburb	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Daytime contact number ( <input type="text"/> <input type="text"/> ) <input type="text"/>	

Primary cardholder signature

X

Date

I authorise Macquarie to provide the authorised representative nominated in this form, information in relation to: (a) the account balance; (b) transactions made by myself and additional cardholders; (c) statements; (d) personal information in relation to the account; and (e) direct debit information (including bank account details). I acknowledge that Macquarie will continue to act on requests and instructions from my authorised representative until I revoke my consent. I understand that the information provided in this form will only be used for the purposes of processing this request for access.

## Authorised representative details

First name	
<input type="text"/>	
Surname	
<input type="text"/>	
Street address	
<input type="text"/>	
Suburb	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Daytime contact number ( <input type="text"/> <input type="text"/> ) <input type="text"/>	

Authorised representative signature

X

Please choose a password to access the account.  
(6-12 characters and can be alphanumeric)