

Macquarie Card Services

Authorised Representative Request Form



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

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"/>	
Middle 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"/>
Contact number	
<input type="text"/>	

Primary cardholder signature

<input type="text"/>

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"/>	
Middle 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"/>
Contact number	
<input type="text"/>	

Authorised representative signature

<input type="text"/>

By signing this form, I authorise the use, collection, and exchange of my personal and credit information (if applicable) in the ways set out in the **Privacy Statement**¹, including direct marketing. I also acknowledge that my personal information may be shared with the Primary Cardholder and/or another Additional Cardholder.

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

<input type="text"/>

Sign

- ☒ Wet signature, or
- ☒ Electronic signature from an approved provider.
Visit Personal Help Centre and search 'Electronic Signature' to view our approved list of electronic signature providers.

Need Help?

For more information, please visit **Personal Help Centre**.

1. You can view our Privacy Statement at macquarie.com.au/assets/bfs/documents/personal-direct/macquarie-privacy-statement.pdf

Submit

Email to **macquariecards@macquarie.com**

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