

THIRD PARTY AUTHORITY FORM

Use this form to instruct ORDE Financial to authorise another person (Representative) to enquire and/or transact on your behalf.

YOUR DETAILS	
Borrower Name	Loan Account #
LEVEL OF AUTHORITY	
I. Access Only – Representative will receive and be able to access account only	s information concerning my/our
 II.	
REPRESENTATIVE DETAILS	
Representative Name	Date of Birth
Residential Address	
Unit # Street # Street Name Suburb	
State Postcode Country	/
Mobile Business Phone	Home Phone
Email Address	



YOUR ACCEPTANCE

By signing this third party authority request, I/We acknowledge that:

- Provide authority to the above listed Representative at the level of authority prescribed until such time we notify ORDE Financial in writing
- To indemnify ORDE Financial for any loss or damage incurred by my/us as a result of any actions taken by the listed Representative

Our privacy policy is available at **orde.com.au/privacy** and covers how we handle your personal information.

CUSTOMER AUTHORISATION			
Please note all Borrowers on your loan account must sign.			
Your Signature Signed in accordance with the account authority on your account:			
Signature	Full Name	Date	
Second account signatory (if required) Signed in accordance with the account authority on your account:			
Signature	Full Name	Date	
REPRESENTATIVE ACCEPTANCE			
By signing this declaration I agree: I have read and agree to ORDE Financial's privacy policy The personal information provided above is true and correct			
Our privacy policy is available at orde.com.au/privacy and covers how we handle your personal information.			
Your Signature			
Signature	Full Name	Date	
i Important: Please return the signed Third Party Authority Request to Ioan@orde.com.au			
Please note you may withdraw, vary or cancel the authority upon notice to ORDE provided the			

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