

LETTER OF AUTHORITY

PLEASE PRINT CLEARLY IN BLOCK LETTERS

I,	<i>Full Name of CollectAU Account holder</i>
Of	<i>(full residential address)</i>
Date of Birth: ____ / ____ / ____	
Contact Phone Number:	
Email Address:	
CollectAU Reference Number:	
hereby authorise:	
<i>(full name of person you are authorising to act on your behalf)</i>	
of	
<i>(full residential address of authorised person)</i>	
Date of Birth: ____ / ____ / ____	
Contact Phone Number:	
Email Address:	
who is my	<i>(relationship of authorised person to account holder)</i>
to act as my authorised representative.	
Signed by:	<i>(Signature of CollectAU Account Holder)</i>
Dated: ____ / ____ / ____	
