



Please use this form to nominate a representative who will handle matters with Breeze Finance on your behalf, whether it's regarding a personal loan with Breeze Capital Pty Ltd ACN 147 671 949 or if you have a payment plan with Breeze Payment Plans Pty Ltd ACN 665 267 792.

Letter of Authority Form

Customer Information	
Full name	
Email	
Mobile number	
Date of birth	
Street address	
Suburb	
State & Postcode	
Representative Information	
Name	
Email	
Phone number	
Address	
Organisation (if applicable)	

Authority

I authorise the person listed in Representative Information above ('My Representative') to:

- Seek and exchange personal information about me and my account with Breeze Finance, including but not limited to my borrowing and repayment history, my account profile information, my payment methods, and other information relating to my use and interaction with Breeze Finance;
- Receive notices and other documents under the National Credit Code on my behalf;
- Negotiate with Breeze Finance and enter into arrangements that are binding on me related to my account; and
- Act on my behalf until this Authority is revoked.

I authorise Breeze Finance to:

- Seek and exchange personal information about me and my account with My Representative; and
- Negotiate with My Representative and enter into arrangements that are binding on me related to my account.

I understand and agree that:

- I am entitled to receive a copy of any notice or other document under the National Credit Code, and by signing this authority, I am giving up the right to be provided with those notices or documents directly from Breeze Finance;
- I can revoke this Authority at any time by contacting Breeze Finance;
- This Authority will remain in force until Breeze Finance;
- This Authority will be revoked when Breeze Finance receives written notice from me or My Representative that the Authority is revoked;
- If an agreement is negotiated with My Representative, my written consent may be required;
- Breeze Finance may rely on the information provided to it by My Representative as having been provided with my authority and as being true and correct; and
- Breeze Finance may deal with My Representative until the Authority is revoked.

Customer			
I declare that the information I have given on this form is true and correct, and I authorise Breeze Finance to deal with and disclose information to My Representative.			
Customer Signature			
Signature		Date	

My Representative			
I declare that the information I have given on this form is true and correct, and I agree to act on behalf of the Customer. I agree to Breeze Finance collecting my personal and sensitive information as outlined in this online form. I have read and accept the Breeze Finance Privacy Policy . I also agree to receive all communications electronically.			
Representative Signature			
Signature		Date	

Once signed to complete this authority, please:

Online – Upload this completed Letter of Authority Form via the help desk portal – <https://help.breezefinance.com.au>.

Postal – Please post to Breeze Finance – PO Box 7795, Cloisters Square, WA 6850.