

Letter of Authority

In accordance with section 18N(1)(ga) of the Privacy Act 1988, I authorise:

- Each of the persons nominated below to request access to information concerning my action(s) and
- GE Finance Australasia Pty Ltd trading as GE Money ("GE Money") to act on such request and to disclose information related to my account(s) to the nominated persons.

This authority remains in force until I cancel it. I understand that I may cancel this authority at any time by written notification to GE Money with the termination being effective from the date written notification is received by GE Money.

Cardholder's Details

Account Numbers are			
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Accounts are in the name of Borrower 1			
Mr/Mrs/Miss/Ms	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address			Date of Birth
<input type="text"/>			<input type="text"/>
Telephone	Home ()	Work ()	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Accounts are in the name of Borrower 2			
Mr/Mrs/Miss/Ms	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address			Date of birth
<input type="text"/>			<input type="text"/>
Telephone	Home ()	Work ()	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Borrower 1	Date	Borrower 2	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		Signature	

Nominated Person(s)

Nominee 1				
Mr/Mrs/Miss/Ms	Given Names	Surname	Date of birth	Password (letters only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		Home Phone	Mobile	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Nominee 2				
Mr/Mrs/Miss/Ms	Given Names	Surname	Date of birth	Password (letters only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		Home Phone	Mobile	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Nominee 1	Date	Nominee 2	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature		Signature		

Account holder(s) and nominated person(s) must sign for this form to be effective.

Please ensure you inform the above authorised persons that they will be asked to provide information (including the above) to enable us to confirm that they are the person authorised to receive information relating to your account.

Additional Cardholder's

If you would like to add another cardholder to your account, complete the details below (must be over 16 years of age).
You will be liable for any use of a card linked to your account, and any breach of the credit contract by an additional cardholder.
If you would like the additional cardholder to have full access to your account information, please also complete the section above.

Mr/Mrs/Miss/Ms	Given Names	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Mrs/Miss/Ms	Given Names	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>