

## Letter of Authority Form

Customer Information	
Full Name	
Email	
Phone number	
Date of Birth	
Address	
Representative Information	
Name	
Email	
Phone number	
Address	
Organisation (if applicable)	

## Authority

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

- Seek and exchange personal information about me and my account with Afterpay, including but not limited to my purchase and repayment history, my account profile information, my payment methods, and other information relating to my use and interaction with Afterpay;
- Receive notices and other documents under the National Credit Code on behalf of me;
- Negotiate with Afterpay 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 Afterpay to:

- Seek and exchange personal information about me and my account with My Representative/s; and
- Negotiate with My Representative/s 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 Afterpay;
- I can revoke this Authority at any time by contacting Afterpay;
- This Authority will remain in force until revoked;
- This Authority will be revoked when Afterpay receives notice from me or My Representative/s that the Authority is revoked;
- If an agreement is negotiated with My Representative/s, my written consent may be required;
- Afterpay may rely on the information provided to it by My Representative/s as having been provided with my authority and as being true and correct; and
- Afterpay may deal with My Representative/s until the Authority is revoked.

<b>Customer Signature</b>			
Signature		Date	
<b>Representative Signature</b>			
Signature		Date	

To complete this authority, please email [info@afterpay.com](mailto:info@afterpay.com) this completed Letter of Authority Form.