

## 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 aaccess informa only	tion concerning my/our account	
<ul> <li>II.</li></ul>	nd administer the account	
III.   Full Access – Representative will have full access to administer the account a. Ability to request redraw	nt as I/we do including:	
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.

Please note all Borrowers on yo	ur loan account must sign.	
<b>Your Signature</b> Signed in accordance with the ac	count authority on your account:	
Signature	Full Name	Date
Second account signatory (if re Signed in accordance with the ac	quired) count authority on your account:	
Signature	Full Name	Date
REPRESENTATIVE ACCEPTA  By signing this declaration I agree		
I have read and agree to	DRDE Financial's privacy policy provided above is true and correct	
Our privacy policy is available at	orde.com.au/privacy and covers how we ha	ndle your personal information.
Your Signature		
Signature	Full Name	Date

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