

Third Party Access Request



Name: _____

La Trobe Financial loan account: _____

All borrowers must sign this authority to appoint a Third Party Representative. Any future requests to change the authorised Third Party must be signed by all borrowers as disclosed on the loan contract. Company loans must be signed by a minimum of two (2) company directors unless the company is sole directorship.

Representative details (must be completed in all cases)

Company name: _____ Contact person: _____

Address: _____

Contact number: _____ Email address: _____

Professional relationship to La Trobe Financial customer:

- Solicitor/Conveyancer/Legal Representative
- Financial Planner
- Accountant
- Other: Please specify: _____

Private relationship to La Trobe Financial customer:

The Representative **may be required to quote the account password** to be granted access to information or be able to transact on the account. I/We confirm that I/we, where applicable, have provided this person/s with the privacy password set-up on this account.

I/We understand that if we divulge our password to our representative this may grant them FULL access to our loan account.

- Family member: Please specify relationship: _____
- Friend or associate:

Signature of Private Relationship Representative: _____

Please provide a copy of photographic identification

Access is required for the following time period:

- Less than < 6 months
- Less than <12 months
- Until further notice
- Purpose Specific. Please provide detail: _____

Access request

I/We request that my/our Representative, as nominated above, receive access to my/our financial records in relation to my/our loan account. I/We agree that my/our Representative has the same powers as I/we do to transact on my/our account as chosen from the options overleaf.

I/We hereby release, discharge and agree to indemnify La Trobe and the nominated mortgagee and lender of record from and against all actions, proceedings, accounts, claims and demands however arising out of the release of this information to the Representative named within this authority.

Please nominate the required access by selecting the appropriate box

- General enquiries
- Transact (Direct debit changes, change to personal details and requesting statements)
- Redraw – your nominated representative must quote your password to request a redraw. Amounts in excess of \$10,000 must be requested in writing and signed by you or your representative.

Signature of La Trobe Financial Customer

Signature of La Trobe Financial Customer

Full Name

Full Name

Date

Date

Return completed, signed form to:

Please return this form by facsimile to (03) 5177 1678.

Or Post to: La Trobe Financial Services, PO Box 403, Traralgon VIC 3844

Or Email to: reception@latrobefinancial.com.au

Office Use Only

Check signatures: _____

Staff note completed detailing when authority expires: _____