



Third Party Authority

Account Number/s (separate multiple with comma):
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Customer Details

Customer Full Name/s:		Customer DOB:
Street Number & Name:		
Suburb:	State:	Postcode:

In this form “I”, “we”, “you”, “my” and “our” means Pioneer Credit’s customer. In the event that Pioneer Credit need to communicate with you and you are unavailable, this form allows you to provide authority to a third party to communicate with Pioneer Credit in relation to the account/s you have nominated above.

I/We authorise Pioneer Credit Solutions Pty Ltd to discuss all matters and provide any of my/our personal information in relation to my/our nominated accounts with _____ (clearly insert name of ‘Authorised Third Party’). I understand that this authority provides for Pioneer Credit Solutions Pty Ltd to rely on any instruction or agreement from my Authorised Third Party, who will be able to act on my behalf, in relation to my nominated accounts on a continuing basis.

Third Party Details

Third Party Full Name/s:		Third Party DOB:
Street Number & Name:		
Suburb:	State:	Postcode:
Phone Number:	Mobile Number:	
Email Address:		

Account Holder 1 Signature: _____ Date: ____/____/____

Account Holder 2 Signature: _____ Date: ____/____/____