

Please use this form to revoke your authority with a representative who presently handles matters with Smile Right on your behalf, whether it's regarding a personal loan with Smile Right Capital Pty Ltd ACN 139 675 424 or if you have a payment plan with Smile Right Payment Plans Pty Ltd ACN 650 069 060.

Revoke Authority Form

Customer Information	
Full name	
Email	
Mobile number	
Date of birth	
Street address	
Suburb	
State & Postcode	
Representative Information	
Name	
Email	
Phone number	
Address	
Organisation (if applicable)	

Authority

I hereby revoke my authority for the person listed in Representative Information above ('My Representative') to:

- Seek and exchange personal information about me and my account with Smile Right, including but not limited to my borrowing and repayment history, my account profile information, my payment methods, and other information relating to my use and interaction with Smile Right;
- Receive notices and other documents under the National Credit Code on my behalf;
- Negotiate with Smile Right and enter into arrangements that are binding on me related to my account; and
- Act on my behalf.

Confirmation

I declare that the information I have given on this form is true and correct, and I authorise Smile Right to revoke any further dealings with My Representative.

Customer Signature

Signature		Date	
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Once signed to complete this authority, please:

Online – Upload this completed Revoke - Letter of Authority Form via the help desk portal – <https://help.smileright.com.au>.

Postal – Please post to Smile Right – PO Box 7795, Cloisters Square, WA 6850.