Please use this form to nominate a representative who will handle matters with Smile Right on your behalf, whether it's regarding a personal loan or payment plan with Smile Right Capital Pty Ltd ACN 139 675 424, or an existing payment plan with Smile Right Payment Plans Pty Ltd ACN 650 069 060.

Letter of Authority Form

Customer Information	
Full name	
Email	
Mobile number	
Date of birth	
Street address	
Suburb	
State & Postcode	
Loan or account number (if known)	
Representative Information	
First name and surname	
Relationship to you	☐ Financial counsellor ☐ Lawyer ☐ Power of attorney ☐ Guardian or administrator ☐ Family member or friend ☐ Paid representative or credit repairer ☐ Other:
Email	
Phone number	
Street address, suburb, state and postcode	
Organisation (if applicable)	

AUTOMATED COLLECTION SERVICES PTY LTD ACN: 144 738 796, TRADING AS ACS ASSET MANAGEMENT, IS AUTHORISED UNDER AUSTRALIAN CREDIT LICENSE: 468425 AND PROVIDES SERVICING AND COLLECTIONS SUPPORT SERVICES ON BEHALF OF SMILE RIGHT CAPITAL PTY LTD ACN: 139 675 424. SMILE RIGHT PTY LTD ACN: 601 445 041 IS A CREDIT REPRESENTATIVE (NUMBER 496359) OF AUTOMATED COLLECTION SERVICES PTY LTD UNDER AUSTRALIAN CREDIT LICENSE 468425, AND MANAGES THE LOANS FOR SMILE RIGHT CAPITAL PTY LTD ACN: 139 675 424 - THE LENDER OF RECORD.

Registration or membership number (financial counsellors and lawyers)	

Authority

I authorise 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 copies of documents about my account, such as statements and my contract;
- Negotiate with Smile Right and enter arrangements that are binding on me related to my account, including hardship and payment arrangements; and
- Act on my behalf until this Authority is revoked.

I authorise Smile Right to:

- Seek and exchange personal information about me and my account with My Representative; and
- Negotiate with My Representative and enter into arrangements that are binding on me related to my account.

What this means – please read before signing.

I understand and agree that:

- Once this Authority is in place, Smile Right will deal and correspond with My Representative about my account. Notices and other documents under the National Credit Code will still be sent to me directly; My Representative does not receive them on my behalf;
- My Representative or I can end this Authority at any time by giving Smile Right written notice, using the Revoke Authority Form. Smile Right cannot act on a revocation given by phone;
- This Authority starts when Smile Right notifies My Representative and me that it has been processed, and remains in force until Smile Right notifies us that it has been revoked;
- Smile Right will process this form, or a Revoke Authority Form, as soon as possible and no later than 3 business days after receiving it. Until Smile Right notifies me that this Authority has been revoked, My Representative may continue to act for me, and anything already agreed remains binding;
- Smile Right may rely on the information provided to it by My Representative as having been provided with my authority and as being true and correct;
- Smile Right may deal with My Representative until the Authority is revoked;
- Smile Right may contact My Representative or me to confirm our identities or this Authority. Smile Right will email us both when this Authority has been set up, and if I did not agree to this appointment, I must tell Smile Right straight away; and
- If my account is in joint names, each borrower must sign their own form.

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Customer			
I declare that the information I have given on this form is true and correct, and I authorise Smile Right to deal with and disclose information to My Representative. If I cannot sign because an attorney or guardian acts for me, a certified copy of the power of attorney or guardianship order is attached and the attorney or guardian signs below.			
Customer Signature			
Signature		Date	

My Representative			
I declare that the information I have given on this form is true and correct, and I agree to act on behalf of the Customer. I agree to Smile Right collecting my personal and sensitive information as outlined in this form. I have read and accept the Smile Right Privacy Policy. I also agree to receive all communications electronically. I am not employed by, and do not act for, the business that sold the goods or services financed by this account. I understand I can end this Authority at any time by giving Smile Right written notice using the Revoke Authority Form.			
Representative Signature			
Signature		Date	

Once signed, to complete this authority, please:

Online – Upload this completed form using the online form on our help centre page 'Appointing or Removing an Authorised Third Party' – https://help.smileright.com.au/appointing-or-removing-an-authorised-third-party.

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

What happens next

We will process your form as soon as possible and no later than 3 business days after we receive it. We will email you and your representative once it has been set up. Until then, we cannot discuss your account with your representative. If you did not agree to this appointment, contact us straight away on 1300 793 983.

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