Please use this form to end an authority that lets a representative handle matters with Smile Right on a customer's 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. This form can be completed by the customer, or by a representative who no longer wishes to act. An authority can only be ended in writing. We cannot act on a request made over the phone.

Revoke Authority Form

Who is giving this notice? ☐ Customer – sign Section A ☐ Representative – sign Section B

Customer Information	
Full name	
Email	
Mobile number	
Date of birth (if known)	
Street address	
Suburb	
State & Postcode	
Loan or account number (if known)	
Representative Information	
First name and surname	
Relationship to the customer	☐ 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.

What this means – please read before signing.

Section A – if you are the customer, I understand and agree that:

- This form ends the Authority I gave to the representative named above ('My Representative');
- Smile Right will process this form as soon as possible and no later than 3 business days after receiving it;
- The Authority ends when Smile Right notifies me and My Representative that this form has been processed – not when it is sent or received;
- Until then, the Authority stays in place and My Representative may continue to act for me;
- Anything My Representative agreed for me before the Authority ended remains binding on me;
- Once the Authority ends, Smile Right will deal and correspond with me directly. Notices under the National Credit Code continue to be sent to me;
- If I want someone else to act for me, I must complete a new Letter of Authority Form; and
- Smile Right may contact me or My Representative to confirm our identities or this request.

Section B – if you are the representative, I understand and agree that:

- I no longer wish to act for the customer named above;
- Smile Right will process this form as soon as possible and no later than 3 business days after receiving it;
- The Authority ends when Smile Right notifies the customer and me that this form has been processed;
- Until then, the Authority stays in place, and if I act for the customer I must act in their interests;
- Smile Right will tell the customer that I no longer act for them, and will then deal and correspond with the customer directly;
- Anything I agreed for the customer before the Authority ended is not affected; and
- Smile Right may contact me or the customer to confirm our identities or this request.

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.

Section A – Customer			
I declare that the information I have given on this form is true and correct, and I revoke the Authority I gave to the representative named above. If 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	

Section B – Representative			
I declare that the information I have given on this form is true and correct, and I no longer wish to act for the customer named above. I ask Smile Right to end the Authority and to tell the customer.			
Representative Signature			
Signature		Date	

Once signed, to complete this request, 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. The Authority continues until we email the customer and the representative to confirm it has ended. If you feel unsafe, or think the Authority is being misused, send this form and then call us on 1300 793 983 so we can deal with it urgently.

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