Card Services Authorised Representative Request Form



Please complete the following form using blue/black ink and capital letters and;

Post: Card Services, PO Box 3665, Rhodes NSW 2138 or

For more information, please contact us on:

Phone: 13 67 17

@ Email: myer@cardserve.com.au

By completing this form, you give authority for a nominated person to access all information regarding your Card account. When contacting us, they must advise that they are the authorised representative and provide both the account number and the password specified below. This access does not allow the authorised representative to make any changes to the account (including updating contact details) or transactions.

Primary cardholder details	
Canal accept as	Drive and a could also a impatrum
Card number	Primary cardholder signature
First name	×
	· ·
Surname	
	Date /
Residential address (no PO Boxes)	I authorise Card Services to provide the authorised representative
Unit No. Street No.	nominated in this form, information in relation to: (a) the account balance; (b) transactions made by myself and additional cardholders; (c) statements;
Street name	(d) personal information in relation to the account; and (e) direct debit information (including bank account details). I acknowledge that Card
	Services will continue to act on requests and instructions from my
	authorised representative until I revoke my consent. I understand that the information provided in this form will only be used for the purposes of
Suburb	processing this request for access.
State Postcode	
Daytime contact number	
Authorised representative details	
First name	Authorised representative signature
Surname	×
Paristantial address (se PO Pares)	
Residential address (no PO Boxes)	
Unit No. Street No. Street name	For the authorised representative to access information on your account, you must select a password.
Gleet Harie	(6-12 characters and can be alphanumerical)
Suburb	
Chate	
State Postcode Daytime contact number	
()	