

### Third Party Authorisation

#### Purpose of the Authority form

By signing this authority, you authorise the named individual to act on your behalf with respect to the provision of support services within the Financial Independence Hub program scope at Good Shepherd Australia New Zealand.

When acting on your behalf, the third party may (amongst other things):

- seek and exchange personal information about you with relevant services;
- set up and/or attend appointments with you and;
- provide warm referrals to other services.

#### Authorisation:

I:

Full Name (#1):	
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Of:

Address:	
Date of Birth:	

Willingly provide the below named third party individual/organisation access to my information and authorise them to act on my behalf.

#### Authorise:

I:

Full Name (#2):	
Business name & ABN (if applicable):	

Of:

Address:	
Date of Birth:	

#### Signature:

Name (#1):		Date:
Name (#2):		Date:

This authorisation is valid until the end of the support period term with the Financial Independence Hub or until it is withdrawn by either of the named parties

Please contact us on **1300 050 150** during the hours of 9am to 5pm, Monday to Friday if you require any further assistance



[www.goodshep.org.au/  
services/fih/](http://www.goodshep.org.au/services/fih/)



1300 050 150