AUTHORITY FORM

way forward
FREE DEBT SOLUTIONS

Full name	
Address	
Email address	
Date of Birth	
Account or Reference #	

Authority

I/ we authorise:

Way Forward Debt Solutions Limited ACN 628 702 821 (Way Forward), its employee <insert employee from initial conversation> or any other employee to act as my/ our agent to:

- collect and disclose information (including personal information, credit information and sensitive information) about me/ each of us from the Financial Institution/Creditor/Service Provider with which I/ we have a debt (each, Creditor) in connection with Way Forward's repayment arrangement service (the Service);
- individually negotiate with the Creditor and enter into payment plans that are binding on me/ us related to my/ our account/s;
- collect and distribute payments made by me/ us to the Creditor in accordance with those payment plans;
- act on my/ our behalf in the above respects until this Authority is revoked.

I/ we consent to Way Forward:

- having my identity information verified with an issuer or official record holder;
- sending communications and documentation relating to the payment plans to the email address specified at the top of this page; and
- doing anything else required by law in relation to the Service.

I/ we understand that:

- standard account notifications (including account statements and other prescribed notices) can still be sent to me/ us by the Creditor;
- my/ our written consent may be required to enter me/ us into a payment plan;
- the Creditor will rely on this Authority, the consents and the information I/ we provide Way Forward; and
- the Creditor will deal with Way Forward until the Authority is revoked. I/ we can revoke this Authority at any time by contacting Way Forward.

I/ we confirm that:

- I/ we have provided the information about my/ our personal and financial situation captured in the covering letter to the best of my/our knowledge;
- the information in the covering letter correctly reflects my /our current situation; and
- I/ we have read and agree to the attached Terms of Service.

By signing below, I/ we give Way Forward this Authority to proceed as set out above.

Signature(s)	Name(s)	Date