

Authorised Representative Request Form

Macquarie Bank Limited ABN 46 008 583 542 Australian Credit Licence 237502 (Macquarie)

- This form is for Macquarie Credit Cards only.
- All fields are mandatory, please ensure all information is provided otherwise you may be required to resubmit a completed form.
- The form must be submitted to **macquariecards@macquarie.com** using the email address registered to the Primary Cardholder's account.

By completing and submitting this form, you give authority for the person nominated in this form to access all information regarding your Macquarie Credit 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.

1. Primary Cardholder details

Macquarie Card number (Last 4 Digits)

XXXX - XXXX - XXXX -

First name

Surname

Your Macquarie ID (MAC ID)

By completing and submitting this form, I authorise Macquarie to provide the authorised representative nominated in this form, information in relation to: (a) the account balance; (b) transactions made by myself and additional cardholders; (c) statements; (d) personal information in relation to the account; and (e) direct debit information (including bank account details). I acknowledge that Macquarie 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 processing this request for access.

The access may be revoked at any time by contacting Macquarie, see macquarie.com.au/contact-us.html for more information on how to contact us.

2. Authorised representative details

First name

Middle name

Surname

Street address

Suburb

State

Postcode

Contact number

Please choose a password to access the account. (6-12 characters and must be alphanumerical)

By Section 2 of this form being completed and the form being submitted, the individual named in Section 2 agrees to be an Authorised Representative and authorises the use, collection, and exchange of their personal information in the ways set out in our **Privacy Statement**¹, including direct marketing. They also acknowledge that their personal information may be shared with the Primary Cardholder and/or an Additional Cardholder.

Submit



Email to **macquariecards@macquarie.com** from the email registered to the Primary Cardholder's account.

Need Help?

For more information, please visit **Personal Help Centre**.

1. You can view our Privacy Statement at macquarie.com.au/assets/bfs/documents/personal-direct/macquarie-privacy-statement.pdf