Authorised Representative Consent Form

Account Holder Details

Full Name: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

Date of Birth: [DD / MM / YYYY]

Authorised Representative Details

Full Name: _____

Street Address: _____

Suburb: _____   State: _____   Postcode: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

Date of Birth: [DD / MM / YYYY]

Account Details

NeoGrids Account Number: _____

Serviced Provided by NeoGrids: Electricity ☐   Hot Water ☐   Other ☐

Premise Street Address: _____

Suburb: _____   State: _____

Postcode: _____

Authorisation Details

I [Account Holder   ] authorise [Authorised Representative   ] to act on my behalf in select matters related to my account with NeoGrids. This authorisation allows the representative to:

(Please select the appropriate option below)

☐ Make inquiries about my account

☐ Make changes to my account, including setup of Direct Debit

☐ Discuss billing and payment arrangements

☐ Other (Please specify): [   ]

This authorisation is valid from [Start Date   ] until [End Date   ], or until revoked in writing by Account Holder.

Additional Consent Submission Instructions:

Account Holder Declaration

I declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that I am responsible for any actions taken by the authorised representative on my behalf.

Account Holder Signature: [   ]

Date: [DD / MM / YYYY   ]

Authorised Representative Declaration

I, [Authorised Representative], agree to act on behalf of [Account Holder] in accordance with the authorisation provided in this form. I understand that I must act in the best interests of the account holder and will follow all instructions given by the account holder.

Authorised Representative Signature:

Date:

Revocation of Authorisation

*[to be completed by the **Account Holder** only if they wish to revoke this authorisation]*

I, [Account Holder], hereby revoke the authorisation granted to [Authorised Representative] to act on my behalf in matters related to my account with NeoGrids, effective immediately.

Account Holder Signature:

Date:

Submission Instructions

Email: support@neogrids.com

Mail: NeoGrids Customer Support

         Level 19, 180 Lonsdale Street,

         Melbourne VIC 3000

NeoGrids Office Use Only

Received By:

Date Received:

Reference Number:

Action Taken: