

Freepost Authority No. 2795



Free



Westpac Card Services
Private Bag 92503
Victoria Street West
Auckland 1142

Westpac New Zealand Limited

72378WP-5 08-21

Credit card operating authority

Your guide to our
operating authority service.



If you are planning to leave the country for some time and unable to manage your credit card, please let us know.

You can assign authority to another person for enquiry access on your credit card account. This will enable them to access information such as the current balance and the minimum payment due. If you'd like to take advantage of this service, simply complete this form.

You can complete part A of this form and the nominated person can complete part B.

Please seal and return the completed form by Freepost.

We're here to help.

If you have any questions or need assistance, please see us in branch or call **0800 888 111**.

A Cardholder to complete.

Operating authority to access information on account.

To: Westpac New Zealand Limited

I/We FULL LEGAL NAME(S)

of CURRENT ADDRESS

Being the principal cardholder(s) of

CREDIT CARD OR ACCOUNT NUMBER

Authorise FULL LEGAL NAME

of CURRENT ADDRESS

To receive any information that he/she request on the account for the above Card in relation to:

- account balance
- available funds
- minimum payment due
- order a statement
- enquiry on any transactions*.

*Please note transaction disputes can only be initiated by the cardholder(s).

This authority will remain in full force and effect until the earlier of:

- the expiration date 1 year from the date of this authority; or
- the revocation in writing of this authority by the cardholder(s); or
- the death of the cardholder.

Cardholder signature

Date DD / MM / YYYY

Joint cardholder signature

Date DD / MM / YYYY

Westpac is, or may be, required to verify your identity and certain other information provided in this form.

Please refer to Westpac's list of acceptable verification documentation available at [westpac.co.nz/AML](https://www.westpac.co.nz/AML)

B Nominated person to complete.

Operating authority to access information on account.

To: Westpac New Zealand Limited

I FULL LEGAL NAME(S)

of CURRENT ADDRESS

Date of birth DD / MM / YYYY

Consent to be a nominated person for

FULL LEGAL NAME(S) OF PRINCIPAL CARDHOLDERS

of CURRENT ADDRESS

Relationship to principal cardholder

I am aware that I can request and receive any information requested on the account for the above cardholder in relation to:

- account balance
- available funds
- minimum payment due
- order a statement
- enquiry on any transactions*.

*Please note transaction disputes can only be initiated by the cardholder(s).

This authority will remain in full force and effect until the earlier of:

- the expiration date 1 year from the date of this authority; or
- the revocation in writing of this authority by the cardholder(s); or
- the death of the cardholder.

I acknowledge that a password is required for identification purposes when information is requested from the Bank on the above Card by the holder of this authority. I also undertake that I will not disclose this password to any other person.

The password that I wish to use is:

PASSWORD

Holder of authority signature

Date DD / MM / YYYY