

CUSTOMER AUTHORISATION

Authority to Act

Use this form to let someone you trust — such as a financial counsellor, community worker, family member or friend — deal with FlexrUC on your behalf.

Send the completed form to billing@flexruc.com.au or Accounts Team, FlexrUC, PO Box 3232, North Turramurra NSW 2074. Questions? Call 1300 266 439, Monday to Friday, 9:00am–5:00pm AEST/AEDT.

1. Account Holder

Customer / organisation name	
FlexrUC account number	
Account holder / authorised contact name	
Phone	
Email	

2. Representative

Full name	
Organisation (if applicable) e.g. financial counselling service	
Relationship to account holder	
Phone	
Email	
Postal address	

3. What They Can Do

- ☐ **Financial hardship matters only** — discuss my account balance and payments, apply for payment assistance, and agree or change a payment assistance arrangement on my behalf
- ☐ **All account matters** — as above, plus billing enquiries and complaints. (This does not allow them to cancel services, port numbers or change account ownership.)
- ☐ **Full authority** — as above, plus adding, changing or cancelling services and porting numbers. I understand this may result in early termination fees, and that numbers on cancelled services may be released back to the carrier and cannot be recovered. (This does not allow them to change account ownership.)

4. How Long It Lasts

- ☐ Until I tell FlexrUC in writing that I withdraw it
- ☐ Until this date: _____

You can withdraw this authority at any time by calling 1300 266 439 or emailing billing@flexruc.com.au.

5. Declaration and Signatures

I authorise the representative named above to act on my behalf with FlexrUC as set out in this form. I understand FlexrUC will handle my personal information in line with its Privacy Policy.

Account holder signature	
Date	
Representative signature	
Date	

Financial counsellors We also accept the standard Financial Counselling Australia authority form, or your own service's authority, in place of this form.

For FlexrUC use: Commtrak ref _____ Recorded by _____ Date _____