Macquarie Card Services Authorised Representative Request Form



Please complete the following form using blue/black ink and capital letters and;

Post: Macquarie Card Services, PO Box 3666, Rhodes NSW 2138 or

Fax: 1300 658 695

For more information, please contact us on;

Phone: 1300 150 300

By completing this form, you give authority for a nominated person to access all information regarding your Macquarie 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.

Primary cardholder details	
Macquarie Card number First name First name Surname Surname Street address Suburb Suburb Daytime contact number Quite contact number	Primary cardholder signature

Authorised representative details

First name	Authorised representative signature
Middle name	X
Surname	
Street address	Please choose a password to access the account.
	(6-12 characters and can be alphanumerical)
Suburb	
State Postcode	
Daytime contact number	