

# Letter of Authority

(Authorised Representative – Support Person)

## A. Authority to Act

I, \_\_\_\_\_, nominate \_\_\_\_\_ to act on my behalf as an **Authorised Representative** on my Alinta Energy account(s) listed below:

### Primary Account Holder Details

Full Name

Alinta Energy account number(s)

Phone Number

Email

Address(es)

### Authorised Representative Details

Full Name

Date of Birth

Phone Number and/or email

## B. Scope of Authority

The scope of my Authorised Representative's authority is as follows:

- ✓ Request an extension or set up a payment plan for my Alinta Energy account(s) (being one of the following Alinta Energy payment plans: Arrears on Hold, Arrears Only, Arrears Plus, SmoothPay, or another Hardship Plan);
- ✓ Request a refund to the same bank account from which the original payment came;
- ✓ Speak with Alinta Energy on my behalf in relation to any payment plans, overdue amounts, complaint, or bill disputes;
- ✓ Receive account information for the purposes of providing financial counselling to me; and
- ✓ Be my 'Support Person' in the context of Alinta Energy's Hardship Program or Family Violence Policy.

My Authorised Representative is not authorised to:

- ✗ Enter into any contracts for the supply of any additional Alinta Energy products and services on my behalf;
- ✗ Close, cancel, transfer, or upgrade my account, or arrange a move out;
- ✗ Change any of my account details, including adding or removing any concession cards or adding another Authorised Representative or Secondary Contact; and
- ✗ Deregister any Life Support registered to the premises.



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**C. Terms and Conditions**

As the primary account holder, I acknowledge, understand, and agree that:

- (1) I am ultimately responsible for all the rights and obligations under my contract with Alinta Energy, including any obligations to pay Alinta Energy;
- (2) Any notices Alinta Energy sends, whether in accordance with my contract or applicable laws, including energy bills, will still be sent to me by Alinta Energy;
- (3) Alinta Energy will be relying on the information provided in this Letter of Authority in managing my account(s) and it is my responsibility to ensure it is accurate and up to date;
- (4) Alinta Energy may rely on information provided to it by my Authorised Representative as having being provided with my authority and as being true and correct;
- (5) I will notify Alinta Energy directly and promptly if I revoke or revise the authority set out in this letter and Alinta Energy may deal with my Authorised Representative until such time as the authority is revoked;
- (6) Alinta Energy will collect, use and share my personal information to help Alinta Energy to provide services to me and support me. Alinta Energy may discuss and share my personal information and account details with my Authorised Representative for the purposes outlined in Section B; and
- (7) I can access Alinta Energy’s Privacy Policy and Credit Reporting Policy on the Alinta Energy website, which will provide me with details about how Alinta Energy manages my information and details about how I can access and/or correct my personal information or make a complaint.

**Acknowledgement of agreement (by wet ink or electronic signature)**

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Signature of Primary Account Holder	Full Name	Date

I \_\_\_\_\_, acknowledge, understand, and agree that:

- (1) I have been authorised as an Authorised Representative on the account listed in Section A above, to the extent permitted under Section B;
- (2) This Authority may be revoked by the primary account holder at any time and without notice to me;
- (3) Alinta Energy will collect, use and share my personal information to help Alinta Energy to verify my identity, assist with my enquiries and provide services to the primary account holder; and
- (4) I can access Alinta Energy’s Privacy Policy and Credit Reporting Policy on the Alinta Energy website, which will provide me with details about how Alinta Energy manages my information and details about how I can access and/or correct my personal information or make a complaint.

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Signature of Authorised Representative	Full Name	Date

