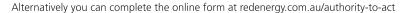
Authority to Act Form

PLEASE RETURN YOUR COMPLETED FORM BY

POST: Red Energy PO Box 4136 East Richmond Victoria 3121

EMAIL: info@redenergy.com.au

TICK ONE DOV





By submitting this application you are authorising the nominated person to act on your behalf with us about your energy account. This could be a family member, a friend or an authorised agent, such as a financial counsellor or a member of a Community Welfare Organisation.

Below is a list of the type of authority you can provide and a description of what someone with that level of authority can action.

Please carefully select the level of authority:

TICK ONE BOX	
	Secondary Account Holder* This person's name will appear on the bill. They will be financially responsible for charges on this account, will have full access to all account information and can make changes to the account.
	Authorised Person This person will be able to make enquiries about the account. They will not be financially responsible and are unable to make any changes to the account.
	Authorised Agent (eg. a financial counsellor or a lawyer) This person will have full access and can make changes to the account but is not financially responsible.
PLEASE FILL OUT ALL INFORMATION USING BLOCK CAPITAL LETTERS Details of the nominated person: FULL NAME	
DATE OF BIRTH	PHONE NUMBER
EMAIL	
Your details:	
RED ENERGY CUSTOMER NUM	BER (if known)
FULL NAME	
DATE OF BIRTH	PHONE NUMBER
SIGNATURE	DATE

*By signing this form and submitting this application, I authorise the nominated person whose details I have entered, to be added to my energy account with Red Energy in the selected capacity. If I have selected to add 'secondary account holder' to my account, then, I agree that Red Energy will call the secondary account holder to confirm this information before processing any changes to my account. I understand this authority will remain in place unless I contact Red Energy on 131 806 to request a change or cancellation of this authority.

