

## Purpose of this form

To authorise someone to act on your behalf. A separate form is required for each person/organisation you wish to authorise.

## Important

This form must be accompanied by proof of your identity and your representative (e.g. copy of driver licence or passport). If an organisation is representing you, they must provide a signed letter on company letterhead confirming they have authority to act on your behalf.

### 1 Customer details

First name/s		Last name	
RTA ID (if known)		Date of birth	
Phone		Mobile	
Rental premises address			
		Postcode	
Email			

tick if you agree to receive RTA notices by email

### 2 Authorises the RTA to release information to:

Organisation or Full name															
Trading name (optional)															
ABN														RTA ID (if known)	
Phone												Mobile			
Postal address															
		Postcode													
Email															

tick if you agree to receive RTA notices by email

### 3 Extent of authority (Please tick **one** of the boxes below)

This authorisation is:

to last for today only

**OR**

to last from  to

**OR**

to be ongoing for all dealings with RTA until I advise otherwise

## Withdrawal of authority

The Letter of Authority will be automatically withdrawn at the end of the date (if specified) in Question 3 or if unspecified, six months from the date of signature. Once the authority has been withdrawn, the third party listed on this form will no longer have an authority in relation to matters in your name. If the third party listed is required to have an authority to act after this date then a new Letter of Authority form will be required. You can withdraw this Letter of Authority at any time by submitting your request in writing to:

Email: [bonds@rta.qld.gov.au](mailto:bonds@rta.qld.gov.au)

Post: Bond Management, RTA, GPO Box 390 Brisbane QLD 4001

**4 This authorisation is for:** (please tick **one** of the boxes below)

in relation to all of my matters with the RTA

**OR**

is only in relation to matters with the RTA relating to the refund of my bond

**5 Authorisation and proof of identity** (Customer giving authority)

I have attached a copy of proof of my identity (e.g. copy of driver licence or passport)

The information provided in this form is true and correct. I, the person named in Question 1 give authority for the third party stated to act on my behalf for the matters specified in Question 4 for the period specified in Question 3.

**6 Signature** (Customer giving authority)

Print name

Signature

Date

**7 Proof of identity of person or organisation authorised to act**

I have attached a copy of proof of my identity (e.g. copy of driver licence or passport)

I have attached a letter supporting this application on company letterhead

**8 Signature of person or organisation authorised to act on customer's behalf**

Print name

Signature

Date

**When you have completed this application, please return it to the RTA using *one* of the following methods:**

Email: [bonds@rta.qld.gov.au](mailto:bonds@rta.qld.gov.au)

Post: Bond Management, RTA, GPO Box 390 Brisbane QLD 4001



**Other languages:** You can access a free interpreter service by calling the RTA on 1300 366 311 (Monday to Friday, 8.30am to 5.00pm).