

Budgeting Service Authority and Privacy Waiver Form

1. Account Holder's details

- Full Name: _____
- Wireless Nation Account Number: _____
- Connection Address: _____
- Phone Number: _____
- Email Address: _____

2. Budgeting Agency Details

- Agency Name: _____
- Adviser/Financial Mentor Name(s) and a Unique Password (for
authorisation checks when the Adviser phones Wireless Nation):

- Agency Phone Number: _____
- Agency Email Address: _____

3. Scope of Authority

Please check **one** or both boxes to define what the budgeting agency can do
(choose one):

- ☐ **Information Only:** I authorise Wireless Nation to disclose my account details, billing history, balance, and repayment status to the named agency/adviser; or
- ☐ **Full Management & Changes:** I authorise the named agency/adviser to make changes to my account plan, negotiate payment arrangements, and agree to financial terms on my behalf.



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4. Duration of Authority

This authority is valid from the date of signing until (choose one):

- ☐ The issue is resolved; or
- ☐ The account is closed; or
- ☐ A specific date: ____ / ____ / 20____; or
- ☐ I revoke this authority in writing.

5. Client Declaration & Authorisation

I confirm that I am the account holder for the Wireless Nation account listed above. I authorise Wireless Nation to discuss and disclose my personal and financial information to the specified budgeting agency in accordance with the New Zealand Privacy Act 2020. I understand I can cancel this authority at any time by contacting Wireless Nation directly.

- **Client Signature:** _____
- **Date:** ____ / ____ / 20____