

# Third-Party Authorisation Form



This form is to be completed by the Employer (who signed the Payroll Agreement Form), when you wish to authorise Disability Positive to discuss your account with a nominated Third Party on your behalf.

Authorised Third Party Details	
Authorised Third Party Name:	
Authorised Third Party Address:	
Authorised Third Party Email Address:	
Authorised Third Party Contact Telephone number:	
Preferred method of communication: (email/telephone)	

## Declaration

I authorise Disability Positive to disclose any information regarding my Payroll account to the above-named nominated individual until further notice. I understand that I can contact Disability Positive to withdraw the authority at any time.

**Employer's** \_\_\_\_\_  
**Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_