To the Customer Ser	vice Team at Water Plus			
I hereby authorise				
Authorised person's	full address	Postcode		
Contact number				
Contact Email				
To receive information and give instruction on my/our behalf regarding account number(s)				
Please tick the level	of authority you wish to give in each s	ection applicable:		
Level 1 – Aut	horise the Agent to:			
	ive current and historical account info tion history, meter numbers and contro	•		
Request and receive bill, payment and debt information.				
Authorise any adjustments, refunds, billing or changes to payment methods.				
Receive bills and arrange subsequent payment.				

• Access to account information via MyAccount online portal.

• Submit meter reads on my behalf.

• Request and receive billing information.

		Level 2 – Authorises the Agent/Broker to do all matters covered by Level 1
abo	ove	and:

- Issue a contract termination notice in relation to my/our existing [water] supply and/or sewerage services contract on my/our behalf.
- Requests and receive quote on my behalf
- Request and receive contracts on my behalf
- Agree contracts on my behalf

I have discussed how the Agent will be remunerated and I am aware of how the third party's fees are being paid.

This letter of authority shall remain valid from the original date of the signature until otherwise advised.

By completing this form you are confirming the information you have provided is accurate and you are authorised to complete and submit this form.

Start date	
Signature	Full name (Print)
Date	