

Facsimile message



Wright Express Account Authority

Account Name:

Account Number:

I, _____ authorise the following person(s) to act on my behalf and become an "Authorised Signatory" in all matters relating to the maintenance of the above mentioned Account and consent to the disclosure of personal and financial transaction information to the same.

I consent to allow the persons named below to issue instructions to Motorcharge on my behalf until such time as I provide written confirmation that this authority is withdrawn.

	Name	Signature of authorised person
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Signed:

(Account Holder)

Print Name:

Position:

Date:

Fax completed form to (03) 9274 9130

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