



# Account Management Consent Form



If you would like to nominate a second authorised person, please fill in below.  
Otherwise go to section 7

## 4. Nominate Another Authorised Person

I hereby consent to having the below person manage my American Express Account(s)

First Name

Last Name

Date of Birth

## 5. Choose Type of Authority

Select **one** of the authorisation types below:

**Discuss:**

Disclose to the above named individual any and all details relating to such Account(s)

Or

**Maintain:**

Disclose and Maintain to the above named individual any and all details relating to such Account(s)  
(details in the below table).

## 6. Nominate Account(s)

### American Express Account Number

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## 7. Primary Card Member Agreement

I, the Primary Card Member understand that this consent form shall remain in full force and effect until American Express receives and processes a written or verbal notification from me that I have withdrawn it. I also understand that if my card number changes, the nominated authority will continue.

First Name

Last Name

<p><i>Signature</i></p>	<p><i>Date</i></p>
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### Privacy Policy Statement

The American Express Privacy Policy Statement sets out policies on management of personal information. In accordance with the Privacy Act, any person may access personal information about them held by American Express, and advise if they think it is inaccurate, incomplete or out of date. To arrange access to personal information, request a copy of the American Express Privacy Policy Statement or to enquire generally about privacy matters, write to The Privacy Officer, American Express, GPO Box 1582, Sydney NSW 20021. Also see [amex.com.au/privacy](http://amex.com.au/privacy)

### Information about other persons

If you provide personal information about someone else to American Express, you must make sure that the individual has seen, understood and agreed to their personal information being collected, used and disclosed by American Express in accordance with this notice.

## 8. Submit Form

**Please complete this form only for Personal and Business Cards. A separate form should be used for Corporate Cards.**

**You can return using one of the following options:**



**Mail:**

GPO Box 1582,  
American Express  
Australia Limited, GPO Box  
4913, Sydney NSW 2001



**Fax:**

+612 9271 1999



**Online:**

Document Centre  
americanexpress.com.au  
/documentcentre  
(Document Category:  
Consent Forms)

## Account Management Authorisation

Action	Discuss	Maintain
Activate Card Account	×	×
Add, Change or Validate Passwords (PIN, Customer Password or Online Password)	×	×
Amex Fee Reversal Request/ Dispute Charges	×	✓
Card Replacement	×	×
Add Individuals as Card Members to Primary Card Account(s)	×	×
Discuss Account/ Balance/ Transactions/ Membership Rewards®	✓	✓
Long Term Account Maintenance – Change Card Products/ Enrol in Offers/ Cancel Card Accounts	×	×
Make Purchases/ Incur Charges	×	×
Membership Rewards (MR) Maintenance – Change of Tier, Enrol MR, and/or Cancel MR	×	×
Membership Rewards (MR) Redemption	×	✓
Pay by Phone	×	×
Payments & Statements – Modify or Cancel Direct Debit/ Change Statement Delivery Method/ Change Billing Cycle Date/ Change Credit Limit	×	×
Request Statement Copy	×	✓
Update Contact Details – Billing Address, Contact Numbers, and/ or Email Address	×	×
Dispute a Charge	×	✓
Request a Credit Balance Refund	×	×

PLEASE NOTE: This is not an exhaustive list and may be amended by American Express as required.