

# Giving access to your ACC Information

If you would like to authorise an individual or an organisation to act on your behalf complete and return this form.

## Section 1 – Your details

\* Mandatory fields

ACC number:*	<input type="text"/>	or	IR number:	<input type="text"/>
Name:*	<input type="text"/>			
Position:	<input type="text"/>			
Company or employer name (if applicable):*	<input type="text"/>			
Postal address:*	Street <input type="text"/>			
	Suburb <input type="text"/>		City + Postcode <input type="text"/>	
Email address:	<input type="text"/>			
Phone:	Area code	Business number		
	<input type="text"/>	<input type="text"/>		
Mobile:	Code	Mobile number		
	<input type="text"/>	<input type="text"/>		

## Section 2 – If giving access to an Agent or an Advisor

I authorise the following organisation and its representative(s) to access my ACC levy account information.

Name of organisation:*	<input type="text"/>			
ACC number:	<input type="text"/>	or	IR number:	<input type="text"/>
Postal address:*	Street <input type="text"/>			
	Suburb <input type="text"/>		City + Postcode <input type="text"/>	
Email address:*	<input type="text"/>			
Phone:*	Area code	Business number		
	<input type="text"/>	<input type="text"/>		
Mobile:*	Code	Mobile number		
	<input type="text"/>	<input type="text"/>		

## Section 3 – If giving access to other representatives (eg individuals)

I authorise the following individual to access my ACC levy account information.

Please note: you can also give access to an individual by signing up for MyACC for Business and inviting others to access your account.

Full name:*	<input type="text"/>			
Relationship:*	<input type="text"/>			
Postal address:*	Street <input type="text"/>			
	Suburb <input type="text"/>			
Email address:*	<input type="text"/>			
Phone:*	Area code	Business number		
	<input type="text"/>	<input type="text"/>		
Mobile:*	Code	Mobile number		
	<input type="text"/>	<input type="text"/>		

Continued ...

## Section 4 – Declaration

I authorise ACC to carry out or initiate transactions in accordance with this authority.

I understand that ACC is not liable for any action done in accordance with this authority.

I understand that this authority comes into effect from the date ACC receives and processes this form.

I understand that by providing authority to an Agent or Advisor organisation I am providing authorisation to each representative within that organisation.

I understand this will allow my representative to access and make changes to my ACC levy account.

I understand that I am giving my representative authority to access my account by telephone, email, letter, fax, form, and online.

I understand that the cancellation of this authority must be made in writing, online or by telephone. It will not be effective until received by ACC

I understand that the information provided on this form will only be issued to fulfil the requirements of the Accident Compensation Act 2001, and that ACC complies at all times with the Privacy Act 1993, and the Official Information Act 1982.

Account holder's  
signature:\*

Date:

DD

MM

YYYY

### Checklist

- Keep a copy of this form for your records
- If you have more than one Organisation or individual that requires authority to access your ACC levy information you will need to complete a separate form for each.

If you decide to cancel or change any access agreed to in this authority you must do so in writing (to the email or postal address below), online or by calling us on 0508 426 837.

In the collection, use and storage of information ACC will at all times comply with the obligations of the Privacy Act 1993 and the Official Information Act 1982.

**Please return by email to [business@acc.co.nz](mailto:business@acc.co.nz) or post to  
ACC Business Service Centre, PO Box 795, Wellington 6140  
For assistance ► phone 0508 426 837 or email [business@acc.co.nz](mailto:business@acc.co.nz)**