



Authority to Act Form

Print and complete this form and return to Lumo Energy, PO Box 4136, East Richmond VIC 3121, alternatively you can send to info@lumoenergy.com.au

This application authorises the nominated person to act on your behalf regarding your energy account. This may include family members, friends, authorised agents such as a financial counsellors, or a member of a Community Welfare Organisation.

Below are the level of authority options:

Please carefully select the level of authority

Tick one box:

Secondary Account Holder
This person's name will appear on the bill. They will be financially responsible for charges on this account, will have full access to all account information and can make changes to the account.

Authorised Person
This person will be able to make enquiries about the account. They will not be financially responsible and are unable to make any changes to the account.

Authorised Agent (Eg. A financial counsellor or a lawyer)
This person will have full access and can make changes to the account but is not financially responsible.

Details of the nominated person

Full Name: _____

Email: _____

Phone Number: _____

Your Details

Lumo Energy Account Number (optional): _____

Full Name: _____

Date of Birth: _____

Phone Number: _____

Signature: _____

By signing this form and submitting this application, I authorise the nominated person detailed above, to be added to my energy account with Lumo Energy in the selected capacity. If I have selected to add 'secondary account holder' to my account, then, I agree that Lumo Energy will call the secondary account holder to confirm this information before processing any changes to my account. I understand this authority will remain in place unless I contact Lumo Energy to advise otherwise.