

# Giving access to your ACC levy information

If you would like to authorise a representative to access your ACC levy information, complete and return this form. Or you can sign up for MyACC for Business and invite others to access your ACC account. Register now at [myacc.co.nz/forbusiness](http://myacc.co.nz/forbusiness)

## Section 1a – Your account details

\* Mandatory fields

If you have more than one ACC account, you will need to fill in a separate form for each

ACC account name:\*

ACC number:\*

or

IR

number:

Postal address:\*

*This must match your account. If this has changed, please note in section 1c.*




## Section 1b – If the account is for a non-individual

Complete the next two fields if the account you are giving access to is for a non-individual (e.g. a company). In doing so you are confirming you have delegated authority to submit this form.

Your name:

Your position:

## Section 1c – Your updated account details

To add or update any details on your account, please note below:

Preferred name (if applicable):

New postal address:




Email address:

Phone:

Mobile:

## 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.

ACC account name:\*

Trading name:

ACC number:\*

or

IR

number:

Postal address:\*




Email address:\*

Phone:\*

Mobile:\*

Continued ...

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

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

Full name:\*

Relationship:\*

Postal address:\*

Email address:\*

Phone:\*

Area code	Business number
0	

Mobile:\*

Code	Mobile number
0	

### 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.

I have delegated authority to submit this form on behalf of a non-individual.

Your signature:\*

Date:

DD	MM	YYYY

You must notify us if you decide to cancel or change the access agreed to in this authority (see contact details below).

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 0800 222 776 or email [business@acc.co.nz](mailto:business@acc.co.nz)**