INTREPID COLLECTIONS
& ACCOUNTS GROUP

ABN: [ABN]
ACN: [ACN]

[Business Address]
Brisbane QLD [Postcode]
Phone: [Phone Number]
Email: [Email Address]
Web: [Website]

CLIENT AUTHORITY / ENGAGEMENT TO ACT

Creditor Authority for ICAG to Act on Creditor's Behalf

ICAG Reference	[ICAG Reference]	**Date Issued**	[Date]
Creditor	[Creditor Legal Name]	**Creditor ABN**	[Creditor ABN]
Client Contact	[Client Contact Name]	**Client Email**	[Client Email]
Debtor	[Debtor Legal Name]	**Debtor ABN**	[Debtor ABN, if applicable]
Account / Client Ref	[Account Number]	**Amount Referred**	$[Total Amount Due]
Debt Type	[Commercial / Consumer / Other]	**Dispute Status**	[No dispute known / Disputed / Unknown]

PURPOSE

This authority confirms that [Creditor Legal Name] instructs and authorises Intrepid Collections & Accounts Group (ICAG) to act on its behalf in relation to the referred account and to undertake recovery activity within the scope authorised below.

This document should be completed before debtor-facing correspondence is issued, unless ICAG already holds equivalent written authority from the creditor.

AUTHORITY GRANTED

The creditor authorises ICAG to undertake the following actions in relation to the referred account, subject to applicable law, creditor instructions, commercial viability, and ICAG compliance requirements:

- Open and manage a recovery file for the referred account.
- Contact the debtor by letter, email, telephone, SMS, or other lawful communication channels.
- Request payment, payment proposals, supporting documents, and dispute information from the debtor.
- Receive, record, allocate, and report payments or payment promises where applicable.
- Negotiate payment arrangements, subject to creditor approval where required.
- Provide status updates, recommendations, and escalation reports to the creditor.
- Recommend further recovery options, including skip tracing, field calls, credit reporting review, legal referral, enforcement assessment, write-off, or file closure where appropriate.

SCOPE OF ENGAGEMENT

Activity	Authority	Notes / Limits
Initial collection notices	[Authorised / Not authorised]	[Demand, reminder, final demand, legal review notice]
Telephone / email / SMS contact	[Authorised / Not authorised]	[Subject to compliance requirements]
Payment arrangement negotiation	[Authorised / Client approval required]	[Insert minimum payment terms or limits]
Accept settlement proposal	[Client approval required]	[Settlement authority must be confirmed in writing]
Skip tracing / field call recommendation	[Recommend only / Authorised]	[External costs require authority unless pre-approved]
Credit reporting review	[Recommend only / Authorised]	[Only where legally available and applicable]
Legal referral recommendation	[Recommend only]	[Separate written authority required before referral]
File closure / withdrawal	[Client instruction required]	[Closure reason to be documented]

CREDITOR CONFIRMATIONS

The creditor confirms the following to the best of its knowledge:

Confirmation	Response / Notes
The amount referred is presently outstanding.	[Confirmed / Notes]
The creditor has authority to instruct ICAG in relation to this account.	[Confirmed / Notes]
The debt arises from goods, services, agreement, account, invoice, contract, purchase order, or other lawful basis.	[Confirmed / Notes]
Supporting documents are available or will be provided to ICAG upon request.	[Confirmed / Notes]
Any known dispute, complaint, hardship, vulnerability, or legal issue has been disclosed to ICAG.	[Confirmed / Notes]
Any payments, credits, refunds, adjustments, or settlement arrangements have been disclosed to ICAG.	[Confirmed / Notes]

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SUPPORTING DOCUMENTS TO BE PROVIDED

Document / Information	Provided	Notes
Unpaid invoice(s)	[Yes / No / N/A]	[Notes]
Statement of account	[Yes / No / N/A]	[Notes]
Signed agreement / contract	[Yes / No / N/A]	[Notes]
Purchase order / authority	[Yes / No / N/A]	[Notes]
Terms and conditions	[Yes / No / N/A]	[Notes]
Proof of delivery / completion / service	[Yes / No / N/A]	[Notes]
Prior correspondence with debtor	[Yes / No / N/A]	[Notes]
Debtor contact details and ABN/ACN if applicable	[Yes / No / N/A]	[Notes]

CLIENT INSTRUCTIONS

The creditor instructs ICAG to proceed as follows:

Instruction	Selection / Notes
Commence standard ICAG collection workflow	[Yes / No]
Issue initial Demand for Payment once file is complete	[Yes / No]
Refer any dispute back to creditor for review	[Yes / No]
Seek client authority before external costs are incurred	[Yes / No]
Provide status updates	[Weekly / Monthly / As required]
Other instructions	[Insert instructions]

FEES, COSTS AND EXTERNAL ACTION

Any external cost, legal referral, investigation cost, credit reporting action, field call, enforcement action, or other additional expense should be separately authorised in writing unless expressly covered by an existing agreement between the creditor and ICAG.

ICAG may provide recommendations regarding cost and risk, commercial viability, and escalation options. The creditor remains responsible for deciding whether to authorise further action where client authority is required.

IMPORTANT COMPLIANCE NOTICE

ICAG will conduct recovery activity in a professional and compliant manner. ICAG will not engage in misleading, abusive, harassing, deceptive, or unlawful conduct.

This authority is not legal advice and does not authorise ICAG to commence legal proceedings unless a separate legal referral authority or solicitor instruction is completed. Where legal advice is required, the creditor should obtain advice from a qualified legal practitioner.

AUTHORITY AND ACKNOWLEDGEMENT

By signing below, the authorised representative confirms that they have authority to instruct ICAG and authorise ICAG to act in accordance with this document and any applicable client agreement, engagement terms, or written instructions.

Authorised By	[Name]	**Position**	[Position]
Company	[Creditor Legal Name]	**Date**	[Date]
Signature	_____	**Witness / Internal Use**	[If required]

CONTACT ICAG

Phone	[Phone Number]	**Email**	[Email Address]
Website	[Website]	**Postal Address**	[Postal Address]
Reference	[ICAG Reference]	**Office Hours**	[Office Hours]

Yours faithfully,

[Officer Name]
[Position]
Intrepid Collections & Accounts Group (ICAG)