

Loan Redraw Request



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
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MEMBER DETAILS

Member name _____ Member number _____
Member name _____ Member number _____
Loan account number _____

REQUEST DETAILS

Next repayment amount \$ _____
Amount requested for redraw \$ _____
Please select one of the following below.
 please transfer these funds into my/our P&N account number _____
 please issue a Bank Cheque in favour of _____ post collect
 please transfer funds to an external account Account Name _____
BSB _____ Account Number _____

AUTHORITY

I/We hereby request to redraw funds in advance of the required minimum repayments as set out above in accordance with the Terms & Conditions of my/our loan contract.

I/We understand that this request is subject to the conditions of the redraw facility being met by me/us.

I/We understand that these funds will be available in my/our nominated savings account within 2 working days.

I/We understand that consideration should be made to ensure I/we have sufficient funds available to meet my/our next scheduled repayment.

I/We have checked, and confirm that the transfer account details I/We have provided above are correct. It is acknowledged that P&N Bank accepts no liability for any delay, mistake or omission which may occur in its transmission, or misinterpretation when received, or failure to identify the payee, except to the extent that the loss is caused by our fraud, negligence or wilful misconduct (including that of our officers, employees, contractors or agents).

I/We understand that if a loan payment is dishonoured and places the account in arrears, the payment and any applicable fees are due immediately.

Signature

Name _____

Date _____

Signature

Name _____

Date _____

All borrowers to loan must sign Redraw Form unless Redraw Authority Nomination Form has been completed.

OFFICE USE ONLY

Method of operation confirmed
 Sent to Funding Team (<100k)

ID Method: _____

CALCULATION DETAILS

_____ - _____ = _____
(In advance amount) (Next repayment due) (Amount available for redraw)

Calculating officer name _____ Operator No. _____ Signature _____

Checking officer name _____ Operator No. _____ Signature _____