

# LOAN REDRAW REQUEST



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
PO Box 1563, Coffs Harbour, NSW 2450 | T 1300 228 228 | W bcu.com.au

## MEMBER DETAILS

Member name \_\_\_\_\_ Member number \_\_\_\_\_  
Member name \_\_\_\_\_ Member number \_\_\_\_\_  
Loan account number \_\_\_\_\_

## REQUEST DETAILS

Next repayment amount \$ \_\_\_\_\_  
Current in-advance amount \$ \_\_\_\_\_  
Amount requested for redraw \$ \_\_\_\_\_

Please select one of the following below.

- please transfer these funds into my/our BCU Bank 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 I/we must 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 BCU 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.

X

Signature

Name \_\_\_\_\_

Date \_\_\_\_\_

X

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 \_\_\_\_\_