Internal Funds Transfer Authority

Please complete all applicable sections of this form. Tick boxes where applicable, otherwise use CAPITAL LETTERS and leave a space between words.

Section 1: Loan Account to Debit

Account Name _____ Debit Amount: $ _____

Loan Account Number:

Section 2: Loan Account to Credit

Account Name _____ Credit Amount: $ _____ OR minimum amount required: ☐

Loan Account Number:

Account Name _____ Credit Amount: $ _____ OR minimum amount required: ☐

Loan Account Number:

Payment Frequency

Weekly ☐ Fortnightly ☐ Monthly ☐ (tick one)

First Payment Date ___ / ___ / ___ Final Payment Date ___ / ___ / ___ OR Until further notice ☐

I/We request that you debit my/our Granite Loan Account in Section 1 above, with the amount(s) specified above, and to credit them to the Granite Loan Account(s) specified in Section 2 above.

I/We understand and acknowledge that:

- You may, in your absolute discretion, determine the order of priority of payment by you of any monies from my/our Granite Loan Account pursuant to this or any other authority; and
- You may, in your absolute discretion, at any time by notice to me/us in writing cancel this request.

Signatures (ALL borrowers must sign) Please sign this in accordance with your authority to operate.

Borrower 1 (Name) _____ Signature _____ Date ___ / ___ / ___

Borrower 2 (Name) _____ Signature _____ Date ___ / ___ / ___

Borrower 3 (Name) _____ Signature _____ Date ___ / ___ / ___

Borrower 4 (Name) _____ Signature _____ Date ___ / ___ / ___

This authority continues until you receive a written notice of cancellation.

Granite Home Loans Pty Ltd
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