

Would you please arrange for a redraw facility to be applied to my / our loan account.

I/We understand that the conditions of this facility are as follows:

- Redraws are restricted to one per month
- There are currently no fees applicable for this facility or for each transaction

## INDIVIDUAL DETAILS

Client name/s

Client number

Loan number

Client 1 Full name (please print)

Client 2 Full name (please print)

Date

Date

Signature (Client 1)

Signature (Client 2)



*A ministry of Queensland Baptists*

P 1800 650 062 F 07 3354 5605 PO Box 6166, Mitchelton QLD 4053

[baplink@baplink.org.au](mailto:baplink@baplink.org.au) [www.baplink.org.au](http://www.baplink.org.au) ABN 59 241 212 544