

DIRECT CREDIT REQUEST

Please return completed form to the address or fax number above.

I/We nominate the account listed below as the account that you transfer any amount from my home loan to (also known as "redraw") under the terms of our loan agreement with you or any additional amount you lend to me/us.

Account Details

Anchorage Account Number											
Name of Financial Institution that is to be credited											
Name of the account that is to be credited											
BSB Number of account to be credited	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> </table>										
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Borrower signatures (all borrowers to sign)											
Date	___ / ___ / ___										

Payment Instructions

Please select from the payment instruction options below. Note that Anchorage Home Loans may only process your request if all of the terms and conditions of your loan are satisfied at the time of your request.

- No payment instruction** (tick if you are only requesting to register an external account)
- Please **transfer a one-off amount** of \$ _____ (tick if you are requesting a one-off transfer)
- Please **transfer a set amount** of \$ _____ each week, fortnight, month until advised (tick if you are requesting a regular transfer to be made)

One-off / regular transfer Commencement Date ___ / ___ / ___

ADDITIONAL INSTRUCTIONS
