

Internal Funds Transfer Authority



Mortgage Management Services

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 Origin Loan Account in Section 1 above, with the amount(s) specified above, and to credit them to the Origin 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 Origin 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.