Valuation fee payment authority



This document serves as an authority for Resimac Group Ltd ('Resimac') to debit the credit card listed below to cover the cost of a property valuation.

The cost associated with conducting a valuation (referred to as a valuation fee) is not a cost charged by Resimac, but rather charged to us by the Valuer, which is subsequently passed on to you (the applicant).

Loan number:				
Broker details				
Name Mobile	Email	Company name (if	company applica	ant)
Applicant details				
Applicant name Mobile	Phone	Company name (if	company applica Work numb	
Email				
	esimac Specialist			
Property to be valued (no PO Box)				
Residential address:				
Contract price: \$ Property type:		Estimated value: Transaction type:	\$	
Inspection contact details				
Company name		Contact name		
Inspector's name	, 	Phone number		Mobile

Email

Valuation fee payment authority



Authorisation							
Option 1 - Credit Card							
I/We authorise all valuation fees payable	to be charged to my/ou	ır credit card as follows:					
Card type: Visa Mastercard							
Credit card number:			Expiry date (MM/YY):				
Name on card:				CVV:			
Option 2 - Direct Deposit							
Please include your Surname or LoanID as a description when using the direct deposit payment option.							
BSB: 032-044 Account number: 599031 Reference number:							
Resimac will not use your card informative record of your card details. In the ever be masked / redacted.							
Declaration							
I acknowledge that the valuation is being application.	ordered for the benefit	of Resimac and is to be	used only for the purposes	s of assessing my loan			
I acknowledge that the valuation fee is part of this cost and will be liable for			t proceed, I will not be reim	bursed for this cost or			
I acknowledge that sufficient funds must	be available in my acco	ount to honour this charg	e.				
I hereby authorise Resimac to debit my capplication.	redit / debit card as not	ed above for the payme	nt of the valuation/s require	ed or my loan			
			Date:				
Signature of cardholder							
Please return this completed form to v	raluations@resimac.con						
Office use only							
Client name/s:							
Mr Mrs Ms Miss	Other:						
Surname:		First name:					
Bank:		Consultant:					
	\$						
Application number	Amount		Details				