Redraw request form



TO: Customer Care | customercare@statecustodians.com.au

	redraws \$20,000 and below our redraw request is over \$2					aw request.	
_oan	number:			Account:	Date:		
Email:	:						
Customer 1 (full name)			C	Customer 2 (full name)			
Customer 3 (full name)			C	Customer 4 (full name)			
Tick	appropriate box						
☐ Re	equest redraw - \$26 redraw fee v	vill apply	Priority pay	ment - \$15 administration	fee will apply (total \$4	1 incl. redraw fe	
Redra	w request amount: \$						
Pleas	se select ONE of the following	g:					
☐ Tr	ransfer funds to my/our nominate	d account you have o	n file; or				
☐ Tr	ransfer funds to the following acc	ount:					
Accou	unt name:						
BSB:		Account number	r:				
nan	RNING: It is important to ensure to ne is not used for processing or way not be possible to recover the f	erifying payments. Er					
IMF	PORTANT: Interest charges will va	ry as a result of any o	changes mad	de to your account balance	e.		
Dec	laration						
Signature (Customer 1)			S	Signature (Customer 2)			
	e in print			lame in print			
Date:			D	rate:			
Signature (Customer 3)			S	Signature (Customer 4)			
Name	in print			lame in print			
Date:				vate:			