

Please print this page

AUTHORITY TO CREDIT FUNDS & REFERENCE DETAILS

Please use this as an authority to credit the proceeds of my loan to the following account:
(YOU MAY FILL THIS FORM ON YOUR COMPUTER, THEN PRINT IT, SIGN IT AND SEND IT BACK TO US)

Name of Account:

Financial Institution:

BSB Number: Account Number:

(Full Name – Please Print)

(Member Number)

Telephone Home Work Mobile

dd mm yyyy

(Signature)

Contract to be:

Emailed Faxed Posted

(If emailed, write email address above)

(If faxed, write fax number above)

THREE REFEREES ARE REQUIRED

THEY MUST BE FROM THREE DIFFERENT LOCATIONS AND **NOT** BE LIVING WITH YOU
YOU MUST OBTAIN THE CONSENT OF ALL PERSONS NAMED HEREIN TO DISCLOSE THEIR DETAILS TO APSBS.

1. Parent/Relative First Name Surname

Street City/Town P/Code

Telephone Home Work Mobile

Email Alternative Email

2. Relative/Friend First Name Surname

Street City/Town P/Code

Telephone Home Work Mobile

Email Alternative Email

3. Relative/Friend First Name Surname

Street City/Town P/Code

Telephone Home Work Mobile

Email Alternative Email