



FAX REQUEST TO: 1300 727 680

Credit Union Australia Limited
ABN 44 087 650 959 AFSL NO. 238317
Registered Office
175 Eagle Street, Brisbane, QLD 4000
GPO Box 100, Brisbane, QLD 4001
P 133 cua (133282) W www.cua.com.au

REDRAW APPLICATION

To apply for a redraw on your loan, you must complete this application, have it signed by all borrowers on the loan.

I/We request that a redraw on my/our loan for the amount stated below and agree that the amount of the redraw will form part of the outstanding debt payable to CUA in accordance with the terms and conditions of the loan contract.

Member/Borrower Details

Full Name: [] Member Number: []
Phone Numbers: Work: [] Home: [] Mobile: []
E-mail: []
Current Address: Address: [] Suburb: [] Postcode: []

Member/Borrower Details

Full Name: [] Member Number: []
Phone Numbers: Work: [] Home: [] Mobile: []
E-mail: []
Current Address: Address: [] Suburb: [] Postcode: []

Member/Borrower Details

Full Name: [] Member Number: []
Phone Numbers: Work: [] Home: [] Mobile: []
E-mail: []
Current Address: Address: [] Suburb: [] Postcode: []

Redraw Details

Amount of Redraw: []
Loan Account to be redrawn: [] Savings account to be credited: []

*Please note: Any redraw fee, if applicable, will be debited to the above savings account. Be aware that the redraw you have requested may reduce your advance payments to an amount that may not cover your next repayment. Please ensure that enough funds remain in advance payments to cover your next repayment.

Signatures of All Borrowers to the Loan

Name: [] Signature: [] Date: [/ /]
Name: [] Signature: [] Date: [/ /]
Name: [] Signature: [] Date: [/ /]

CUA office use only - Branch

Signature/s verified.
Name: []
Signature: [] Position: [] Date: []
Redraw completed
Processed by: [] Checked/Authorised by: [] Process Date: []