CLIENT REQUEST AUTHORITY

SAM Loans Sydney Office Level 12, 37 York Street SYDNEY NSW 2000

Ph: (02) 8251 3222 Fax: (02) 9290 2128

SAM Loans Melbourne Office Level 4, 37-41 Prospect Street Box Hill, VIC 3128 Ph: (03) 86351333 Fax: (03) 8635 1355

Loan Account Number: _			
Name of Borrower/s:			
			
(* please provide contact r	numbers - we m	ay contact you to clarify	your request)
Private : ()		Mobile:	
Business : ()		_ Email:	
1. New postal address as	below:		
please provide your res	i dential addres	s if is different to postal	address:
Debits can only be proc	nk account on cessed for P&I lo on the next sche	//20(' pan on Fridays , all other eduled repayment day) e	* please note, Direct types of account
3.□ I/we would like to Rec	calculate my/ou	r loan repayment to Min i	i mum repayment
4. I/we would like to chang □Fo □M	ortnightly (Friday)
OR □E I	lected Amount of	& Interest Amount or Accrue ininimum amount noted in your	
5. □I/we would like to cha for years (maxir □ I/we would like to cha	mum 5 years)	ole and Interest (P&I) to est Only (I/O) to Principal	, ,
Signature of borrower/s: _ (all borrowers must sign) _			

IMPORTANT: Amendment to all transactions must be received by us approximately 2-3 business days prior to the transaction date.