

BAPLINK 31 DAYS NOTICE

Title Full name (client 1) / Church Name / Organisation Name

Client number Sub account number (eg i1)

Title Full name (client 2)

Residential address (street number and street name)

Suburb State Postcode

Postal address

Suburb State Postcode

Daytime contact phone Mobile

WITHDRAWAL INSTRUCTION

Please accept this form as notification that I/we would like a **FULL REDEMPTION** of the principal amount and all interest owing

OR

Please accept this form as notification that I/we would like a **PART REDEMPTION** of \$

PAYMENT INSTRUCTION

Please deposit funds to my/our **EXTERNAL ACCOUNT**

BSB
Account number
Account name

(Please note the account must be in the same name)

Please **MAIL ME A CHEQUE** to the address as shown on this form

Please deposit funds to my/our **BAPLINK ACCOUNT** Baplink client number Sub account number (eg S6)

CLIENT AUTHORISATION MUST BE SIGNED BY CLIENT

Signature (client 1)	Date	Signature (client 2)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORISATION TO BE COMPLETED BY BAPLINK STAFF

Client account number <input type="text"/>	Signature (Baplink staff member) <input type="text"/>
Date received <input type="text"/> Date Due <input type="text"/>	



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