

Customer Name(s)

Loan Application No  Customer No(s)

I/We hereby request and authorise MyState Bank to access sufficient funds from  for settlement

I/We authorise MyState to debit my/our nominated account up to  \$

**OR**  
 I/We authorise MyState to debit my/our account the full shortfall as advised by my/our solicitor.

I/We are aware funds need to be in our nominated account 2 days prior to settlement.

I/We are aware funds can only be debited from a MyState account and cannot be debited from another financial institution.

**ACKNOWLEDGEMENT AND AUTHORISATION**

**Applicant 1**

Full Name (Please print)

Signature

Date

**Applicant 2**

Full Name (Please print)

Signature

Date