

PRINCIPAL REDUCTION REQUEST

YOUR DETAILS

To: **ORDE Financial Pty Ltd ABN 27 634 779 990**

Loan ID:

Your name or company name

Your Given names or ABN/ARBN

I/We wish to permanently reduce the redraw amount available by \$

Note: the minimum decrease is \$5,000.

You can access all the funds you're ahead by, minus one month's scheduled repayment

YOUR CONTACT DETAILS

Address

Email

Phone

The best way for us to write to you is by using the above email or address.

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirmed that:

- I/we have read this form and the information completed is true and correct;
- Authorise ORDE to act in accordance with the above request; and
- I/We understand that once the reduction has been actioned ORDE will re-calculate my repayments to a new minimum repayment amount based on the outstanding balance, plus remaining amount available in redraw, at the current interest rate for the remaining term of the loan.

Your Signature

Signed in accordance with the account authority on your account:

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details: **As Above**

Second account signatory (if required)

Signed in accordance with the account authority on your account:

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details Address

Email	Phone
<input type="text"/>	<input type="text"/>