"Growing Our Future Better"

# FINANCIAL AND PRIVATE SECTOR STAFF SAVINGS & LOAN SOCIETY LIMITED

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## LOAN OFFSET AUTHORIZATION FORM

### A. PERSONAL DETAILS

Given Names: _____ Surname: _____

Membership No: ☐

Residential Address: _____

Employment Adress: _____

**Contact Details**

Telephone: _____ Mobile: _____

Email: _____

### B. OFFSET DETAILS

I hereby authorize the Society to offset my loan balance through the following source(s):

Please tick (✓) the appropriate box;

☐ General Loan (L1) ☐ School Fee Loan (L2) ☐ Investment Loan (L5) ☐ Refinance Loan (L6)

☐ Unsecured General Loan (L7) ☐ New Membership Loan (L8)

Offset Source;

☐ General Savings (S1) ☐ School Fee Savings (S2) ☐ Equity Savings (S4) ☐ Direct Deposit

☐ Eftpos ☐ Others _____

- I understand that this offset will be applied towards the full or partial settlement of my loan account as indicated above.
- I acknowledge that once processed, this transaction cannot be reversed.
- I authorize the Society to deduct and apply the stated amount accordingly.

### C. MEMBER AUTHORIZATION

I hereby authorize the Society to offset my loan balance through the following source(s):

_____ ___/___/___

Member's Signature Date

### D. OFFICE USE ONLY

Received by: _____

Verified by: _____ Date Processed: ___/___/___

Remarks: _____

_____

_____ _____

Officer Signature General Manager