

Linked Account Nomination Form



Loan Account No. _____

Surname _____ Given Name(s) _____

Surname _____ Given Name(s) _____

Nominated account to be linked to my loan

Linked Account 1

Financial Institution _____

Branch _____

Account Holders (or Account Title) _____

BSB No. _____ ACCOUNT No. _____

Linked Account 2

Financial Institution _____

Branch _____

Account Holders (or Account Title) _____

BSB No. _____ ACCOUNT No. _____

Linked Account 3

Financial Institution _____

Branch _____

Account Holders (or Account Title) _____

BSB No. _____ ACCOUNT No. _____

Linked Account 4

Financial Institution _____

Branch _____

Account Holders (or Account Title) _____

BSB No. _____ ACCOUNT No. _____

Privacy Statement

All personal information and credit-related information We collect about You is collected, used and disclosed by Us in accordance with our Privacy Statement which is available at <https://originmms.com.au> or by calling Us on 1300 767 023. Our Privacy Statement also provides information about how You can access and correct Your personal information, and make a complaint.

I/We authorise and request Columbus Capital Pty Limited ACN 119 531 252 trading as Origin Mortgage Management Services, Australian Credit Licence Number 337303 to link my/our Account referred to in this Linked Account Nomination Form with my/our Loan account.

Customer Signature _____

Home Contact No. _____

Work Contact No. _____

Date / / _____

Customer Signature _____

Home Contact No. _____

Work Contact No. _____

Date / / _____