

capitalfinance.com.au

Direction to pay

|  |  |
| --- | --- |
| **Application number** |  |
| **Customer name** |  |

|  |
| --- |
| This document provides your instructions as to how you want us to disburse the settlement funds. It is important that you ensure that the details you provide below are correct. Incorrect or incomplete details may result in an incorrect payment to supplier(s) which may affect ownership and security of the assets which are the subject of the application number.  This document must be signed by you before being returned to us. |

|  |  |  |
| --- | --- | --- |
| **Supplier / Vendor Name** | **BSB & Account number** | **Amount ($)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SIGNED** by [Customer Name]

Signature

Date