

12 Wellington Street PO Box 238 Hawera 4640

Telephone: (06) 278 0042 Freephone: 0800 76 86 96 Fax: (06) 278 9195

E-mail: admin@hawerafinance.com
Website: www.hawerafinance.com
Office Hours: 10am – 2pm business days

Loan Withdrawal Form

The agreement applies to loan nu	mber	
And is between HAWERA FINANCE LIMITE	D, the creditor and	
		The debtor.
The debtor has received a withdrawal on	the above loan of \$	
Paid via Cash Paid by Direct Cre	edit	
The money will be used in the following w	/ay:	
 I will continue making payments of this loan previously, the term of the and fee. 		• •
 I will increase payments to \$ withdrawal and associated fee. (Strike out One) 	per	to cover the
Additional \$5.00 FSP Disputes Resolution	Levy fee will be charged to	this withdrawal.
A withdrawal fee of \$ will be charged to this loan.		
SIGNED or Authorized by :	IN THE PRESENCE OF	F:
Debtor 1	Witness	
Debtor 2 (If applicable)	Witness Name	
Agreed to by the creditor	 Date	