Stewards Connect
Foundations for thriving ministry

Insurance Premium Loan Request Form

Date:

We_____(Name of organisation) of (Church Location):_____State:_____Postcode: _____

Postal Address: _____State:_____Postcode:_____

Request a loan from the Foundation to assist payment of our insurance premium. We acknowledge the loan is on the Foundation's normal terms and conditions.

Premium Amount (Please provide Insurance premium invoices)				
Loan amount				
Serviceability Information				
Number of Attendees	*Weekly Offering*	*Monthly Current Expenses (Wages and other expenses (Average))*	*Monthly Mortgage or any other repayments*	*Monthly surplus for insurance or any other monthly repayments*
Current Interest rate (Variable)			**6.75% PA**	
Monthly Repayment amount:			TBA	
Number of repayments: 12			**Start Date: TBA**	
Account details for monthly repayments: BSB 802759 **Account Number - TBA** **Account name -**				

Authorised Signature . . . . . Name . . . . . .

Authorised Signature . . . . . Name . . . . . .

Contact Name: . . . . . Phone Number: . . . . . .

Interest is calculated on the daily balance at 6.75% (variable) Per Annum charged monthly.

It is the borrower's responsibility to ensure that the repayments are made each month to the Stewards Connect office at Burwood or remitted electronically. Stewards Connect reserves the right to apply any insurance debt or overdue amounts against the client's any other existing account balance with Stewards Connect.