

# CHANGE OF DETAILS AUTHORITY

Attention Property Management Department  
Loanstar Realty  
PO Box 1203  
SPRING HILL QLD 4004

FAX: 07/3839 6739

RE: CHANGE OF DETAILS AUTHORITY

PROPERTY ADDRESS: _____
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I/We authorize you to change your current file details with regards to the above property you manage on our behalf:

_____
_____
_____
_____
_____

Please tick the following boxes:

- I/we are the owners of the stated property and have authority to change any details listed;
- I/we understand that any changes to financial institution details (eg bank or building society) must be verified verbally as well.

Owner Name:	Signature:	Date:
Owner Address:		Contact Phone:

.....  
*Office Use Only*  
Date received: \_\_\_\_\_ Procedure: \_\_\_\_\_  
By: \_\_\_\_\_ File: \_\_\_\_\_ Job no.: \_\_\_\_\_

