

AUTHORITY TO DISCHARGE OF MORTGAGE

**To: Intech Credit Union Ltd
P.O. BOX 992,
Crows Nest NSW 1585**

**Phone (02) 9928 2930
Fax (02) 9928 2931**

Your Name _____ Member No _____

Type of Discharge (Partial or Full) _____

Loan Account Numbers to be paid in full _____

Reason for Discharge (Property Sold / Refinance or Account repaid) _____

If Other, please advise details / reasons _____

If Refinance, to which financial institution ? _____

I/We authorise and direct you to discharge the mortgage/s of the property/ies listed below in readiness for settlement. Address/es of property/ies being released are-

1/ _____ 2/ _____

3/ _____ 4/ _____

My/our Solicitor/Agent for the discharge is:

Solicitor/ _____
Agent _____

Contact _____

Phone _____

Fax _____

Email _____

Please provide my/our Solicitor/Agent with any information which they require in relation to the above loan(s), including payout figures. At settlement, I/we authorise you (or your agent) to hand the executed discharge/s, certificate/s of title of the above listed property/ies and any other relevant documents to my/our Solicitor/Agent.

I/we authorise you to collect a discharge fee plus the following costs / fee's where applicable-

- If Loan/s to be repaid is/are Fixed Rate Loan/s, a Break Cost
- If Loan/s to be repaid have an early payment fee, such early payment fee.
- Relevant Government Charges

I understand Intech Credit Union Ltd will advise me/us of any fees applicable prior to settlement.

Name.....Signature.....Date.....

Name.....Signature.....Date.....

Please note: All Mortgagor(s) of property/ies being released must sign this authority.