

Discharge Authority

IMPORTANT NOTES:

1. SECTIONS 1 TO 5 MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE ACCEPTED.
2. ALL BORROWERS MUST SIGN THIS DISCHARGE FORM.
3. COMPLETED DISCHARGE AUTHORITIES WILL BE ACTIONED WITHIN 15 BUSINESS DAYS.
4. THIS DISCHARGE AUTHORITY IS VALID FOR 90 DAYS FROM THE DATE ALL BORROWERS SIGN.

Full Discharge – Please email completed authority to discharge@advantagedge.com.au or fax to **03 9621 1440**

Borrower Name(s):	
Loan ID or Loan Number:	

Section 1: Discharge Reason

Refinance – Reasons: Interest Rate Customer Service Other – please specify _____
 Incoming Mortgagee _____

Property Sale
 Please attach a copy of the Contract of Sale Anticipated Settlement date as per Contract of Sale ____/____/____

Other: Please specify reason _____

Section 2: Security Property to be Discharged

1. _____
 2. _____
 3. _____

Section 3: Borrower Representative Contact Details for Discharge Settlement

Solicitor/Conveyancer **Incoming Mortgagee** **Acting for Self**
Please complete details below Please complete details below

Company _____
 Contact Name _____
 Telephone Number () _____ Facsimile Number () _____

Section 4: Borrower Contact Details Post Discharge (for applicable refunds)

Mailing Address _____
 Telephone Number () _____ Facsimile Number () _____
 Email _____

Banking details (for any applicable refunds)

Please deposit in my Account you have on file
 Please deposit any refunds in the following Account:
 Name of account _____
 BSB _____ Account Number _____

Section 5: Borrower's Authority

I/we acknowledge that fees and charges including any Additional Valuation Fees may apply which are payable at the time a security is discharged. Where a discharge of security does not proceed, I/we acknowledge that Advantagedge Financial Services Pty Ltd may debit my/our loan with the Additional Valuation Fee if a valuation was arranged due to my/our initial request to discharge the security.

Surname _____	Given Name/s _____	Signature _____	Date / / _____
Surname _____	Given Name/s _____	Signature _____	Date / / _____
Surname _____	Given Name/s _____	Signature _____	Date / / _____
Surname _____	Given Name/s _____	Signature _____	Date / / _____