

Full Discharge Authority

Please email completed document to clientsolutions@resi.com.au or fax: 02 9280 0009

All sections must be completed.

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

Discharge Reason

Refinance Incoming Mortgagee _____
Please indicate the reason for Refinance

Rate

Product features (please specify) _____

Service (please specify) _____

Other (please specify) _____

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

Other
Please specify reason _____

Security Property to be Discharged

1. _____

2. _____

3. _____

Borrower Representative Contact Details for Discharge Settlement

Solicitor/Conveyancer Please complete details below

Incoming Mortgagee Please complete details below

Acting for Self

Company _____

Contact Name _____

Telephone Number () _____ Facsimilie Number () _____

Borrower Contact Details Post Discharge (for Final Statement or Residual Payments)

Mailing Address _____

Telephone Number () _____ Facsimilie Number () _____

Email _____

Banking details (Residual Payments)

Name of account _____

BSB _____ Account Number _____

Borrower's Authority

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

* ALL borrowers must sign this Discharge Authority.
Completed Discharge Authorities will be actioned within 7-15 Business Days. This period could be longer in certain circumstances.