



# Discharge Authority Form

All sections must be completed and sent to:

Post: **PO Box 274 SPRING HILL QLD 4004,**

Email: **customerservice@bettermm.com.au**

or Fax: **07 3831 6500**

<b>Borrower Name(s):</b>	
<b>Loan ID/s or Loan Number/s:</b>	

**Discharge Reason**

**Refinance** Incoming Mortgagee/Lender \_\_\_\_\_

**Property Sale** Anticipated Settlement date \_\_\_\_/\_\_\_\_/\_\_\_\_ with Copy of Contract of Sale attached

**Non-standard\*** { Deed of Set-off / Substitution / Partial Discharge } PLEASE CIRCLE ONE

**Paying out in Full** Private Funds

**Security Property to be Discharged**

1. \_\_\_\_\_

2. \_\_\_\_\_

**PLEASE NOTE: ALL SETTLEMENTS REQUIRE MINIMUM 20 WORKING DAYS PREPARATION.**

**Borrower Representative Contact Details for Discharge Settlement**

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

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Facsimile Number ( ) \_\_\_\_\_

*If this section is not fully completed, we are unable to proceed with your request, and do not accept any responsibility for delays this may cause.*

**Borrower Contact Details Post Discharge (For Final Settlement or Residual Payments)**

Mailing Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Facsimile Number ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Banking Details (Residual Payments)** Account Name \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_

**Borrower's Authority - ALL BORROWERS MUST SIGN.**

Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_