

DISCHARGE AUTHORITY FORM

Date: _____

Attn: Discharge Department
 Better Mortgage Management
 PO Box 274
 SPRING HILL QLD 4004
 Phone: 1300 662 661
 Fax: 1300 305 753



Loan Account Number:

--	--	--	--

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

Borrower(s):

Borrower 1:	
Borrower 2:	
Borrower 3:	
Borrower 4:	

Security Address(es):

Security 1:	
Security 2:	
Security 3:	
Security 4:	

Reason for Discharge (please tick appropriate box)

<u>Sale</u> – submit with copy of Sale Contract	<u>Refinance</u>	<u>Other</u>
<input type="checkbox"/> Re-Locating	<input type="checkbox"/> Interest Rate	<input type="checkbox"/> Repaid
<input type="checkbox"/> Investment Property	<input type="checkbox"/> Product Features	<input type="checkbox"/> Other Reason (list below)
<input type="checkbox"/> Hardship	<input type="checkbox"/> Service	
<input type="checkbox"/> Purchased New Owner Occupied Property	<input type="checkbox"/> Staff Concession	
<input type="checkbox"/> Down Sizing	<input type="checkbox"/> Additional Borrowings	

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 Representative Contact Details for Discharge (please tick appropriate box):

- Solicitor/Conveyancer
 Incoming Mortgagee / Lender
 Acting for self

Contact Name: _____

Company Name: _____

Postal Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Estimated Settlement Date: _____

Originator Fees (if applicable) _____

Mailing Address after Discharge: _____

Borrower 1 Signature

Borrower 2 Signature

Borrower 3 Signature

Borrower 4 Signature