



# 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**

- Full Discharge
- Partial Discharge

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

**Discharge Reason**

**Refinance** Incoming Mortgagee \_\_\_\_\_

**Property Sale** Anticipated Settlement date as per Contract of Sale \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Please note that a copy of the Contract of Sale is required to be submitted with this Discharge Authorisation

**Other** – Please specify reason: \_\_\_\_\_

<p><b>Security Property to be Discharged:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>If Partial, Security Property to be Retained:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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**PLEASE NOTE: ALL SETTLEMENTS REQUIRE MINIMUM 20 WORKING DAYS PREPARATION.**

<input type="checkbox"/> <b>Solicitor / Conveyancer</b> <small>Please complete details below</small>	<input type="checkbox"/> <b>Incoming Mortgagee</b> <small>Please complete details below</small>	<input type="checkbox"/> <b>Acting for Self</b>
Company _____		
Contact Name _____		
Telephone Number ( ) _____ Fax Number ( ) _____		
<i>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.</i>		

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

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

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Banking Details for Residual Payments**

Name of Account \_\_\_\_\_

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

**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 Challenger Mortgage Management Pty Ltd (CMM) 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. Where the matter is for a partial discharge of security, a Security Variation Fee is payable upon the completion of the partial discharge, which I/we authorise to be:

- i) debited to my/our loan; or
- ii) debited to my/our nominated account;

at CMM's discretion.

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.

\* This Discharge Authority is valid for 90 days from the date all borrowers sign.