DISCHARGE AUTHORITY FORM

Date: _____

Attn: Discharge Department
PO Box H284
Australia Square
SYDNEY NSW 1215
Phone: 02 9248 0300
Fax: 02 9248 2312

Loan Account Number: ☐☐☐ – ☐☐☐☐ – ☐☐☐☐☐

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)

Sale		*Refinance*		*Other*	
☐	Re-Locating	☐	Interest Rate	☐	Repaid
☐	Investment Property	☐	Product Features	☐	Other Reason (not listed)
☐	Hardship	☐	Service		_____
☐	Purchase New Owner Occupied Property	☐	Staff Concession		_____
☐	Down Sizing	☐	Additional Borrowings		_____
					_____

Contact Name:	
Company Name:	
Postal Address:	
Phone Number:	
Fax Number:	
Email Address:	
Estimated Settlement Date:	
Originator Fees (if applicable):	

_____ Borrower 1 Signature

_____ Borrower 2 Signature

_____ Borrower 3 Signature

_____ Borrower 4 Signature