

## Authority to Discharge / Refinance Loan

### 1 Borrower Details

Borrower's name(s) in full:			
Name of borrower to be contacted:		Daytime contact phone number:	( )
Mailing address for all correspondence after Settlement:			
	Postcode		

### 2 Settlement Details

Settlement Date: (If known)	:   :   : : :	Settlement Location: (If known)	
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In the box below please specify the Loan / Facility(s) account number(s) and whether the Loan / Facility(s) is to be paid out in full.

Loan/Facility account number

: : : : : : :	is to be paid in full	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, the desired amount to be paid is	\$
: : : : : : :	is to be paid in full	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, the desired amount to be paid is	\$
: : : : : : :	is to be paid in full	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, the desired amount to be paid is	\$

(1). Address of property(ies) being refinanced/discharged:			
	Postcode		

Certificate of Title reference:		Mortgage No.	
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Registered Owner:	
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(2). Address of property(ies) being refinanced/discharged:			
	Postcode		

Certificate of Title reference:		Mortgage No.	
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Registered Owner:	
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(3). Address of property(ies) being refinanced/discharged:			
	Postcode		

Certificate of Title reference:		Mortgage No.	
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Registered Owner:	
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PLEASE HAND ALL TITLES / DEEDS AND DOCUMENTS CONNECTED WITH THIS PROPERTY TO:

<b>Solicitor/Conveyancer/ Refinance Agent:</b>			
Company Name & Contact Name (in full):	Company Name	Contact Name	Phone No.
Name of Current Financial Institution:		Phone number:	( )
Contact Name: (if known)		Fax number:	( )

I/We/The Company request that any surplus funds after settlement be placed in the following account: Bank

Account Name:  BSB & Account No.  : : - : :  : : : : : : : :

I/We/The Company

• Understand that if any error has been made in calculating the settlement amount, that I/We/The Company is/are liable for any amount outstanding.

• Authorise  to provide  with any information they

require about this account/s and to hand Loan/facility(s) documentation to  upon settlement.

Current Financial Institution:

New Financial Institution:

New Financial Institution:

- Authorise the current financial institution to charge all the application fees in accordance with the Terms & Conditions of my/our loan.
- Understand that a Settlement Attendance Fee is payable in accordance with the Terms & Conditions of my/our loan.
- Understand that a Discharge of Mortgage Fee is payable in accordance with the Terms & Conditions of my/our loan.
- Understand that an Early Repayment Charge/ Deferred Establishment Fee may be applicable in accordance with the Terms & Conditions of my/our loan.

**Settlement Attendance Fee method of payment (if applicable) Please tick**

Cash  Surplus funds from settlement

Transfer from BOS Account

**Discharge of Mortgage Fee method of payment (if applicable) Please tick**

Cash  Surplus funds from settlement

Transfer from BOS Account

**Declaration Note: This declaration is to be signed by all the parties to the Loan/Facility(s), both borrowers and guarantors.**

Full Name: (please print)   Borrower  Guarantor

Signature:  Date:

Full Name: (please print)   Borrower  Guarantor

Signature:  Date:

Full Name: (please print)   Borrower  Guarantor

Signature:  Date:

Full Name: (please print)   Borrower  Guarantor

Signature:  Date:

**BANK USE ONLY**

Signature(s) verified by:

Print Name:

Signature:

**Authorising Officer/Manager to ensure form is fully completed and correct and Settlement Attendance Fee and/or Discharge of Mortgage Fee (if applicable) have been collected before forwarding**

Authorising Officer/Manager's Name:

Branch Name:

Date:

**Additional Information/ Comments:**  
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