



Borrower Details

CIF Number	<input type="text"/>	Borrower Name	<input type="text"/>
CIF Number	<input type="text"/>	Borrower Name	<input type="text"/>
CIF Number	<input type="text"/>	Borrower Name	<input type="text"/>
Mailing Address for all correspondence after settlement		Daytime Telephone	Mobile
<input type="text"/>		<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Discharge Details

Property Address to be released (1)	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected Settlement Date	Title Reference:	Lot <input type="text"/> SP/DP <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Property Address to be released (2)	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected Settlement Date	Title Reference:	Lot <input type="text"/> SP/DP <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

In the boxes below please specify the loan account number(s) and whether the loan account(s) are to be paid in full.

Account Number (1)	<input type="text"/>	Paid in full: YES <input type="checkbox"/> NO <input type="checkbox"/>
If No, amount payable:	\$ <input type="text"/>	
Account Number (2)	<input type="text"/>	Paid in full: YES <input type="checkbox"/> NO <input type="checkbox"/>
If No, amount payable:	\$ <input type="text"/>	

If there are additional funds available at settlement, please credit these funds to my Bankstown City Credit Union account:

Account Number

Reason for Discharge

The reason for Discharge is: *(Please tick a box)* Refinance Sale of Property Other

If other, please specify:

If you are selling your property, are you purchasing a new property: *(Please tick a box)* YES NO

If you are refinancing, please specify the Financial Institutions details:

Name of Financial Institution

Address of Financial Institution	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Person	Telephone	Facsimile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Solicitor's/Conveyancer's Details

Do you have a Solicitor or a Conveyancer acting on your behalf? YES NO

If **Yes**, please complete the details below.

Name of Firm	Address		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Facsimile
			<input type="text"/>

Borrowers Declaration

I/We understand that the discharge/settlement process will NOT commence until this Discharge request is completed, signed and received by Bankstown City Credit Union.

I/We understand that there is a fee payable for each property being discharged. This fee will be confirmed by the Credit Union, on the receipt of the completed request.

I/We have read, understood and accepted the above terms to this Discharge Authority Request Form and wish to proceed with the Discharge in accordance with my/our instructions above.

Signature

X

Date

Print Name

Signature

X

Date

Print Name

Signature

X

Date

Print Name

Office Use Only

Signature(s) Verified

Received by

Request Date

Signed

Completion Date