Level 10, 101 Collins Street, Melbourne VIC 3000 **Phone:** 1300 144 554 **Fax:** 1300 401 684

Email: customercare@choicelend.com.au

Web: www.choicelend.com.au



Discharge Authority

IMPORTANT NOTES:

- 1. SECTIONS 1 TO 5 MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE ACCEPTED.
- 2. ALL BORROWERS MUST SIGN THIS DISCHARGE FORM.
- 3. COMPLETED DISCHARGE AUTHORITIES WILL BE ACTIONED WITHIN 15 BUSINESS DAYS.
- 4. THIS DISCHARGE AUTHORITY IS VALID FOR 90 DAYS FROM THE DATE ALL BORROWERS SIGN.

Full Discharge – Please email completed authority to discharge@advantedge.com.au or fax to 03 9621 1440							
Partial Discharge – Please email completed authority to partialdischarges@advantedge.com.au or fax to 03 8618 4427							
Borrower Name(s):							
Loan ID or Loan Number:							
Section 1: Discharge Reason Refinance – Reasons: Interest Rate Customer Service Other – please specify							
Section 2: Security Propert		If Partial Discharge, Security Property to be Retained 1 2 3					
Section 3: Borrower Representative Contact Details for Discharge Settlement Solicitor/Conveyancer Please complete details below Company Contact Name Telephone Number () Facsimile Number ()							
Section 4: Borrower Contact Details Post Discharge (for applicable refunds) Mailing Address							
Telephone Number ()		Facsimile Number ()					
Banking details (for any applicable r	efunds)						
Please deposit in my Account you have on file							
Please deposit any refunds in the following Account:							
Name of account Account Number							
Section 5: Borrower's Auth	ority						

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 Advantedge Financial Services Pty Ltd 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 Advantedge'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	/	/