Mortgage Discharge Authority



Who to send the form to

To: Defence Bank Home Loans Department Fax: (03) 8624 4728

Date

/ /

Mortgage discharge authority

Please prepare a discharge of the mortgage held by Defence Bank and arrange settlement.

	Additiona	l member details (if	applicable)	
Member number	Member number			
Member name	Member name			
Loan number	Loan number			
Address of property(ies) to be discharged	Address of to be disch	property(ies) arged		
State Postcode			State	Postcode
Proposed settlement date / /				
Reason for discharge				
Solicitor's name	Solicitor's phone nur	nber		
Solicitor's address			State	Postcode
If refinancing				
Financial institution's name	Financial ir phone nun			
Financial institution's address			State	Postcode
I/We understand there may be fees applicable to the discharg	ge of the mortg	age and I/we agree	to pay all of	the costs associated.
Please debit my Defence Bank account number	f	or any associated di	scharge costs	
Please note: Any existing advance payments recorded on your I	oan are no long	er available for redra	aw from the c	late of this Authority.
Forwarding address for future correspondence will be:	-	,		,
			State	Postcode
Member name	Member name			
Member signature	Member signature			
Date / /	Date	/		/