

# AUTHORITY TO RELEASE



Gateway Credit Union Ltd  
 ABN 47 087 650 093  
 AFSL/Australian Credit Licence 238293

**(A) Member Information:**

Name:	Member Number:	Name:	Member Number:
Mailing address after settlement/discharge:			
		State:	Postcode:
Phone:	Mobile:	Fax:	e-mail:

**(B) Security/Property Information:**

Please tick:    Refinanced    Sold    Release only    Sale & Purchase

<b>Date of Settlement:</b>	
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**(C) Address of Security/Property to be released:**

1)		State:	Postcode:
2)		State:	Postcode:
3)		State:	Postcode:

**(D) Legal Representative/Financial Institution/Person collecting documents:**

Legal/Conveyancing Firm:	Bank/Financial Institution (if refinancing):
Name of Agent/Person collecting documents:	Person/Department to contact:
Ph:                      Fax:	Ph:                      Fax:

**(E) Account/s to be repaid:**

Account Number	Payout & Close	Retain	New limit if retained	Comments/Other instructions
			\$	
			\$	
			\$	
			\$	

**(F) Surplus Funds:**

Account Name:	BSB	Account number
	:	

**(G) Declaration:**

\_\_\_\_\_  
 Member/Mortgagor                      Date                      Member/Mortgagor                      Date

**Return to:**      Fax:      02 9307 4265

[www.gatewaycu.com.au](http://www.gatewaycu.com.au)