AUTHORITY TO DISCHARGE OF MORTGAGE

Intech Credit Union Ltd

P.O. BOX 992,

Crows Nest NSW 1585 Phone (02) 9928 2930 (02) 9928 2931 Fax Your Name Member No Type of Discharge (Partial or Full)_____ Loan Account Numbers to be paid in full_____ Reason for Discharge (Property Sold / Refinance or Account repaid______ If Other, please advise details / reasons______ If Refinance, to which financial institution? I/We authorise and direct you to discharge the mortgage/s of the property/ies listed below in readiness for settlement. Address/es of property/ies being released are-1/ 2/ 3/_____ My/our Solicitor/Agent for the discharge is: Solicitor/ Agent Contact Fax Email

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To:

Please provide my/our Solicitor/Agent with any information which they require in relation to the above loan(s), including payout figures. At settlement, I/we authorise you (or your agent) to hand the executed discharge/s, certificate/s of title of the above listed property/ies and any other relevant documents to my/our Solicitor/Agent.

I/we authorise you to collect a discharge fee plus the following costs / fee's where applicable-

- If Loan/s to be repaid is/are Fixed Rate Loan/s, a Break Cost
- If Loan/s to be repaid have an early payment fee, such early payment fee.
- Relevant Government Charges

I understand Intech Credit Union Ltd will advise me/us of any fees applicable prior to settlement.

Name	.Signature	.Date
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Name	.Signature	.Date

Please note: All Mortgagor(s) of property/ies being released must sign this authority.