

Discharge Authority

All sections must be completed

Full Discharge - Partial Discharge

Please email completed authority to post.nationalfinance@gmail.com Or fax to (08) 8423 0201

Borrower Name(s): _____
Loan ID or Loan Number: _____

Discharge Reason	
<input type="checkbox"/> Refinance	Incoming Mortgagee _____
<input type="checkbox"/> Property Sale	Anticipated Settlement date as per Contract of Sale ____/____/____ Please attach a copy of the Contract of Sale
<input type="checkbox"/> Other	Please specify reason _____

Security Property to be Discharged 1. _____ 2. _____ 3. _____	If Partial Discharge, Security Property to be Retained 1. _____ 2. _____ 3. _____
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Borrower Representative Contact Details for Discharge Settlement		
<input type="checkbox"/> Solicitor/Conveyancer <i>Please complete details below</i>	<input type="checkbox"/> Incoming Mortgagee <i>Please complete details below</i>	<input type="checkbox"/> Acting for self
Company _____		
Contact Name _____		
Telephone Number () _____ Facsimile Number () _____		

Borrower Contact Details Post Discharge (For Final Settlement or Residual Payments)	
Mailing Address _____	
Telephone Number () _____ Facsimile Number () _____	
Email _____	
Banking Details (Residual Payments)	
Name of Account _____	
BSB _____	Account Number _____

Borrower's Authority			
Signature _____	Surname _____	Given Name/s _____	Date _____
Signature _____	Surname _____	Given Name/s _____	Date _____
Signature _____	Surname _____	Given Name/s _____	Date _____
Signature _____	Surname _____	Given Name/s _____	Date _____