

Discharge Authority

Member Number

Member Details (PLEASE PRINT IN BLOCK LETTERS)

Borrower					
Title	Given Names		Surnam	ne	
Forwarding					
Address:				State	Postcode
Contact	Home phone		Mobile		
Details:	Work phone		Email		
Co-Borrowe	er / Guarantor (if applicab	le)	••••••		
		·			
Title	Given Names		Surnam		
Forwarding Address:				State	Postcode
				State	TUSICOUE
Contact Details:	Home phone		Mobile (
	Work phone		Email		
Dischard	ge Details				
	that I/We have	Sold Property	Please provide full detai Documents to be sent to		v. sitor (details below)
Security	Being Discharged				
Address Det	tails:				
Address Det	tails:				
Address Det	tails:				
Settleme	ent / Payout Details				
Anticipated	Settlement/Payout Date:	/	/		

Solicitor/Agent/Financier:	Phone:	
Contact Name:	Fax:	

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Please	indicate a	Il accounts	to he	naid	∩ut
10000	indicate a		10 00	pulu	out.

Is to be paid out in full and closed	Yes 🗌 No 🗌
 Is to be paid out in full and closed	Yes 🗌 No 🗌
 Is to be paid out in full and closed	Yes 🗌 No 🗌
 Limit is to be cancelled	Yes 🗌 No 🗌
 Limit is to be cancelled	Yes 🗆 No 🖵

Surplus funds to be credited to SCU savings account number:

Declaration

I/We authorise SCU to provide any relevant information that my/our solicitor/agent/financier stated above may require, and to hand over to them any documents held by the Credit Union in relation to the security being released. If any of the loans to be paid out are continuing credit loans, we undertake not to make any further drawings against the account(s). We are aware that once the payout figure has been provided, any unpresented cheques may be dishonoured, and any card transactions may be rejected. In addition to the above, I/We authorise SCU to debit any discharge fee applicable from my SCU savings account.

Borrower

Co-Borrower / Guarantor (if applicable)

x	Date	/	1	X	Date	/	/	

If you need assistance completing this form call us on 13 61 91.

Once completed, please fax to (02) 9678 2182 or email homeloans@scu.net.au