



Discharge Authority Form

All sections must be completed and sent to:

Post: **PO Box 274 SPRING HILL QLD 4004**,
 Email: **customerservice@bettermm.com.au**
 or Fax: **07 3831 6886**

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

Discharge Reason

Refinance Incoming Mortgagee/Lender _____

Property Sale Anticipated Settlement date ____/____/____ with Copy of Contract of Sale attached

Non-standard* { Deed of Set-off / Substitution / Partial Discharge } PLEASE CIRCLE ONE

Paying out in Full Private Funds

Security Property to be Discharged

1. _____

2. _____

PLEASE NOTE: ALL SETTLEMENTS REQUIRE MINIMUM 20 WORKING DAYS PREPARATION.

Borrower Representative Contact Details for Discharge Settlement

Solicitor/Conveyancer *Please complete details below* **Incoming Mortgagee / Lender** *Please complete details below* **Acting for self**

Company _____

Contact Name _____

Telephone Number () _____ Facsimile Number () _____

If this section is not fully completed, we are unable to proceed with your request, and do not accept any responsibility for delays this may cause.

Borrower Contact Details Post Discharge (For Final Settlement or Residual Payments)

Mailing Address _____

Telephone Number () _____ Facsimile Number () _____

Email _____

Banking Details (Residual Payments) Account Name _____

BSB _____ Account Number _____

Borrower's Authority - ALL BORROWERS MUST SIGN.

Surname _____ Given Name/s _____ Signature _____ Date _____

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