DISCHARGE AUTHORITY REQUEST FORM

Attn: Discharge Officer
PO Box 239
PARRMATTA NSW 2124
Phone: (02) 9635 9933
Fax: (02) 9891 4565

LOAN ACCOUNT NUMBER: _____

Borrower Name 1:_____

Borrower Name 2:_____

Security Address 1:_____

Security Address 2:_____

I/We the borrower/s listed above authorise you to provide the Society's Solicitor and our Solicitor/Conveyancer _____(insert Solicitor name & phone number) with details relating to our loan account to assist paying out the loan and registering the Discharge of Mortgage.

The reasons for this request are:

SALE – REASON		**REFINANCE – REASON**		**OTHER**	
☐	Re-Locating	☐	Refinancing via Cumberland Finance Group	☐	Repaid
☐	Investment Property Sale	☐	Refinancing outside of Cumberland Finance Group	☐	Other Reason ……...……
☐	Purchase different Owner Occupied Property	If Refinancing, please advise why? (write below)			
☐	Down Sizing				

All following details to be completed

BEST CONTACT NAME:	
New Address if relocating:	
Mobile Phone Number:	
Home Phone Number:	
Email Address:	
Your Bank Account Details (to receive any over-payments):	Account Name: BSB: Account number:
Settlement Date Requested:	(allow at least 14 days*)

IMPORTANT Read:
I/We understand that by signing this Authority we are initiating a discharge of mortgage process that will incur fees and other costs (Lender, Third party Legal & Government). We understand that fees & costs will be incurred and are payable by us whether or not we complete the discharge process.

Borrower 1 Signature	Date	Borrower 2 Signature	Date
_____	_____	_____	_____

Complete and return to the Society at your earliest convenience.
Additional time may be required in December & January due to holiday period closures of solicitors offices