TO: **Discharges Department** **Full Discharge**

Authority

Email: Facsimile: (02) 8116 1099

discharges@mortgagehouse.com.au

Client Services Form 2103M

						7				
e-mms tracking nur	nber:									
Borrower Names:										
Borrower Names:										
Loan Account Num										
Loan Account Num										
Reason for Discharge.										
Property Sold	Contract of Sale <u>must</u> be attached.									
Refinance	Incoming Mortgag	ee:	Loan Amount \$ Rate:						%	
Other	Please Specify									
If Refinancing complete this section.										
		I I								
Cheaper Rate							Ш	Customer Experience		
Other (please specify)										
Properties to be discharged. DP/SP & Lot No Reg'd Mtge No										
Borrowers Represe		T T				nt.				
Solicitor/Conv	veyancer		Incomir	ng Morto	gagee		\Box	Acting for	self	
Company				Conta	act					
Phone				Facsi	mile					
Borrowers Contact Details Post Settlement (for Final Statement or Residual Payments)										
Contact Person	Details 1 Ost Oction		Ji i iiiai	Otatem		IXC3I	duai i ayi	nonta)		
Mailing Address				e-m	nail					
Phone [Fac	simile					
If you are purchasing a new home or refinancing an existing loan did you know Mortgage House is an authorised representative for most Banks and Mortgage Lenders? Please refer to the following page.										

If you want personal service and a tailored strategy, <u>call</u> Mortgage House on 136 468 or e-mail <u>save@mortgagehouse.com.au</u>

CONTACT us now - you will be pleasantly surprised by what we can offer!







































Declaration

- I/we wish to repay my Home Loan/Personal Loan/Business Loan in full.
- I/we authorise you and direct you to prepare a discharge of mortgage in readiness for settlement.
- At settlement I/we authorise and direct you to hand over the executed discharge and Certificate of Title for the property(s) to my/our authorised representative.
- I/we undertake to pay all fees, and charges in connection with the discharge.

Borrowers Authority										
Signature of Borrower/Director:				Signature of Borrower/Director:						
Name in full:		Date:		Name in full:		Date:				
Signature of Borrower/Director:				Signature of Borrower/Director:						
Name in full:		Date:		Name in full:		Date:				

Important Information.

In order to ensure that your request is processed in a timely manner, kindly note the following:

- All borrowers must sign this discharge authority.
- Request is to be either e-mailed to discharges@mortgagehouse.com.au or faxed to (02) 8116 1099.

Also note:

- In order to determine a payout figure, all access to available funds will be suspended on your loan account(s) four (4) business days prior to the discharge of your loan.
- A minimum of 10 working days is required for the discharge to settle.