

Who to send the form to

To: Defcredit Home Loans Department
Fax: (03) 9614 6670

Date

/ /

Mortgage discharge authority

Please prepare a discharge of the mortgage held by Defcredit and arrange settlement.

Member number

Member name

Loan number

Address of property(ies) to be discharged

State

Postcode

Proposed settlement date / /

Additional member details (if applicable)

Member number

Member name

Loan number

Address of property(ies) to be discharged

State

Postcode

Reason for discharge

Solicitor's name

Solicitor's phone number

Solicitor's address

State

Postcode

If refinancing

Financial institution's name

Financial institution's phone number

Financial institution's address

State

Postcode

I/We understand there may be fees applicable to the discharge of the mortgage and I/we agree to pay all of the costs associated.

Please debit my Defcredit account number for any associated discharge costs.

Please note: Any existing advance payments recorded on your loan are no longer available for redraw from the date of this Authority.

Forwarding address for future correspondence will be:

State

Postcode

Member name

Member name

Member signature

Member signature

Date / /

Date / /