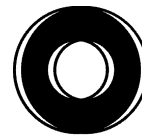


# Macquarie Bank – Mortgage Division

## Discharge Authority



MACQUARIE

- Your direct debit will be suspended two (2) business days prior to your discharge date
- Repayments made via salary credit will continue until you make arrangements with your employer to cease this arrangement
- In order to calculate a payout figure for settlement, all access to available funds/redraw will be suspended on your loan account(s) four (4) business days prior to the discharge date. Once your account is suspended you will not have access to these funds
- Where a discharge settlement has been booked in and does not proceed on the scheduled date, you will be required to meet any contractual loan repayment obligations which fall due. Loan repayments which fall due will need to be paid manually during the period that your direct debit is suspended
- Any available funds in your offset account will be used to reduce your payout figure (if not redrawn prior to discharge being booked in)

Borrower(s) details			
Borrower name(s)			
Guarantor name(s)			
Daytime contact number	(H)	(W)	(M)
Address of all properties held	1. 2. 3.		
Address of property or properties to be discharged If all, write "all of the above"			
Loan account number(s) secured by this property			
Reason for discharge	<b>Please tick</b> <input type="checkbox"/> Sale <input type="checkbox"/> Loan Repaid <input type="checkbox"/> Refinance <b>Date of discharge</b> .../.../...		
If Refinance - Name of financial institution			
Type of discharge	<input type="checkbox"/> Full Discharge of loan facility		<input type="checkbox"/> Partial Discharge
<b>For partial discharges</b> <i>* approval timeframe dependant on usual lending policy requirements</i> Please apply funds received at settlement in the following manner	Account 1 number –		\$
	Account 2 number –		\$
Contact details - Borrower(s) solicitor / conveyancer / refinance agent			
Company name		Contact person	
Telephone number		Fax number	
Mailing address			
Forwarding details			
Mailing address for notices after discharge			
Authorised signatories (all borrowers/guarantors are required to sign the authority below)			
I/We have read and agree to the notes/conditions detailed above.			
Signature		Signature	
	Date .../.../...		Date .../.../...
Full Name		Full Name	

Please return via fax to 1800 707 321 or mail to GPO Box 4294 Sydney NSW 1164

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