

# AUTHORITY TO RELEASE



Gateway Credit Union Ltd  
 ABN 47 087 650 093  
 AFSL/Australian Credit Licence 238293

**(A) Member Information:**

|   |                |        |                |
|---|----------------|--------|----------------|
| Name:                                       | Member Number: | Name:  | Member Number: |
|   |                |        |                |
| Mailing address after settlement/discharge: |                |        |                |
|   |                | State: | Postcode:      |
| Phone:                                      | Mobile:        | Fax:   | e-mail:        |
|   |                |        |                |

**(B) Security/Property Information:**

Please tick:    Refinanced    Sold    Release only    Sale & Purchase

|                            |  |
|----------------------------|--|
| <b>Date of Settlement:</b> |  |
|----------------------------|--|

**(C) Address of Security/Property to be released:**

|    |  |        |           |
|----|--|--------|-----------|
| 1) |  | State: | Postcode: |
| 2) |  | State: | Postcode: |
| 3) |  | State: | Postcode: |

**(D) Legal Representative/Financial Institution/Person collecting documents:**

|  |   |
|--|---|
| Legal/Conveyancing Firm:<br>_____<br>_____<br>Name of Agent/Person collecting documents:<br>_____<br>_____<br>Ph: _____ Fax: _____ | Bank/Financial Institution (if refinancing):<br>_____<br>_____<br>Person/Department to contact:<br>_____<br>_____<br>Ph: _____ Fax: _____ |
|--|---|

**(E) Account/s to be repaid:**

| Account Number | Payout & Close | Retain | New limit if retained | Comments/Other instructions |
|----------------|----------------|--------|-----------------------|-----------------------------|
|                |                |        | \$                    |                             |
|                |                |        | \$                    |                             |
|                |                |        | \$                    |                             |
|                |                |        | \$                    |                             |

**(F) Surplus Funds:**

|               |     |                |
|---------------|-----|----------------|
| Account Name: | BSB | Account number |
|               | :   |                |

**(G) Declaration:**

\_\_\_\_\_ Date \_\_\_\_\_ Member/Mortgagor \_\_\_\_\_ Date \_\_\_\_\_  
 Member/Mortgagor

**Return to:**      Fax:      02 9307 4265

[www.gatewaycu.com.au](http://www.gatewaycu.com.au)