



DISCHARGE INTENTION FORM

Once ORIGINAL form and all information is received we require minimum twenty one (21) days to process.
Please post completed form to Locked Bag 7640 GCMC QLD 9726

We require **written confirmation** from your Solicitor(s)/Financier(s), an original signed copy of this form and a copy of the Contract of Sale (where applicable) in order to prepare the discharge in readiness for settlement. Until all information is received Mortgage Ezy is unable to process the request, which may result in settlement being delayed.

TO: Loans Manager – Mortgage Ezy

RE: Account Name(s): (1) _____
Surname Given Name(s)

(2) _____
Surname Given Name(s)

Loan Number/s:

Security Address to be released:

Solicitor/Financier:
Phone:(_____) _____ Fax:(_____) _____

I/We intend to **DISCHARGE** the above Loan/Mortgages, and I/WE therefore request you provide the amount required to discharge the Mortgage(s), including your fees for an anticipated settlement date of:

_____.
Date / Month / Year

I/We authorize that you provide _____ with any information
Solicitor(s)/Financier(s) Name

they may require in respect to my/our account with you and in particular the full amounts required by you to discharge the Mortgage indicated above.

In addition, you are further authorized and instructed to arrange the preparation of the discharge of my/our mortgage, to attend settlement and hand over the discharge of Mortgage and Certificate of Title as requested by

Solicitor(s)/Financier(s) Name

I/We advise that it is my/our intention that this authority remain in force until CANCELLED IN WRITING by myself/ourselves.
Please note that accounts may be frozen five days prior to settlement while payout figures are calculated.

New Address After Settlement: _____

For any applicable refunds, I/We would like the funds to be :

() Sent via cheque to _____

() Transferred to :

Account Name : _____ BSB: _____ Account No.: _____

Best Contact Number:: _____ Email Address:: _____

Borrower Signature: _____ Borrower Signature: _____

Date Signed : _____ / _____ / _____ Date Signed: _____ / _____ / _____

Please confirm if there are any change of address or telephone numbers after discharge to allow for the delivery of final statements and refunds if any.

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