Authority to Discharge Loan Security



community alliance ABN 14 087 650 771

AFSL No. 245576 38-40 Young Street Wollongong NSW 2500

Member's Name:	Surname	First Names		CIF No:			
Member's Name:	Surname	First Names		CIF No:			
CONTACT DETAILS: Please supply both current and future contact details to ensure that the Credit Union is able to contact you and forward correspondence to you in regards to the settlement once it has been completed.							
Current Postal Address:	Street Address	Suburb	State	Pcode	Phone No:		
Postal Address following Settlement: If different from above	Street Address	Suburb	State	Pcode	Phone No:		
DETAILS OF SECURITY PROPERTY/S TO BE DISCHARGED:							
Security Address 1:	Street Address		Sul	burb	State	Pcode	
Security Address 2:	Street Address		Sul	burb	State	Pcode	
REASON FOR DISCHARGE: Please select and complete one of the options below. Loan/s Repaid in full: Discharge to be registered at Land & Property Information. Registration of Discharge is not required. Cancellation of Membership is required.							
Property Sold. Solicitors/Agents Details: Name: Contact No.							
Address: Refinancing: Please complete details and indicate reason Name of Other Financial Institution:							
Reason: Located more suitable loan product. Located more competitive interest rates.							
Other: Please Specify.							
AMOUNT OF FUNDS TO BE RECIEVED AT SETTLEMENT: Please select and complete one of the options below. Amount of not less than \$ Full Amount of Sales Proceeds \$ Sufficient Funds to repay the following loans: Please list Account Numbers below. *							
Account No.		Account No.		A	ccount No.		
Sufficient Funds to repay all outstanding loans.							
COLLECTION/DELIVERY OF DOCUMENTS: Please select and complete one of the options below. Forward to							
ALL BORROWERS AND GUARANTORS MUST SIGN THIS DISCHARGE AUTHORITY.							
* I/We acknowledge that settlement, discharge and document handling fees may be applicable. (These fees are outlined in our "Credit Fee and Charges" brochure); and							
 * I/We authorise the Credit Union to deduct all applicable fees from my/our loan account prior to discharge. * I/We authorise the Credit Union to provide details of my account and associated security to the Solicitor/Agent/Financial Institution shown above, and to place a HOLD on any Redraw facility. 							
Member/s Signature	s				Dat	re / /	