## **AUTHORITY TO RELEASE**



Member Information:							
Name:	Member No	Naı	me:		Member Number:		
Mailing address after sett	lement/disc	harge:	,				
				te:		Postcode:	
Phone:	Mobile:			Fax:		e-mail:	
Security/Property Information:  Please tick: Sold Release only Sale & Purchase							
Date of Se	ettlement:						
Address of Security/Pro	nerty to he	release	d·				
1)	occurry, reperty to no release			State:	Postcode:		
2)				State:		Postcode:	
3)				State:		Postcode:	
			_		. ,		
Legal Representative/Financial Institution/Person collecting documents:  Legal/Conveyancing Firm:  Bank/Financial Institution (if refinancing):							cina):
Legal/Conveyancing Firm.				Danki manda msututon (ii remanding).			
Name of Agent/Person collecting documents:				Person/Department to contact:			
Ivalie of Agenta croon concerning accuments.				r croon/bepartment to contact.			
Ph: Fax:				Ph: Fax:			
Account/s to be repaid:							
	Payout						
Account Number	& Close	Retain	New limit	lew limit if retained		Comments/Other instructions	
			\$				
			\$				
			\$ \$				
			Þ				
Surplus Funds:							
Account Name:	BSB	BSB		Account number			
				:			
Declaration:							
Member/Mortgagor	D	ate	N	lember/Mo	ortgagor		Date

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

Post: Gateway Credit Union: Level 16, 2 Market Street SYDNEY NSW 2000

Ph: 1300 302 474