

Discharge Authority

All sections must be completed.

Full Discharge – Please email completed authority to discharge@advantagedge.com.au or fax to **03 9621 1440**

Partial Discharge – Please email completed authority to partialdischarges@advantagedge.com.au or fax to **03 8618 4427**

Borrower Name(s):	_____
Loan ID or Loan Number:	_____

Discharge Reason

Refinance – Reasons: Interest Rate Customer Service Other – please specify _____
 Incoming Mortgagee _____

Property Sale
 Please attach a copy of the Contract of Sale Anticipated Settlement date as per Contract of Sale ____/____/____

Other: Please specify reason _____

Security Property to be Discharged	If Partial Discharge, Security Property to be Retained
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Borrower Representative Contact Details for Discharge Settlement

Solicitor/Conveyancer **Incoming Mortgagee** **Acting for Self**
Please complete details below *Please complete details below*

Company _____

Contact Name _____

Telephone Number () _____ Facsimile Number () _____

Borrower Contact Details Post Discharge (for Residual Payments only)

Mailing Address _____

Telephone Number () _____ Facsimile Number () _____

Email _____

Banking details (Residual Payments)

Name of account _____

BSB _____ Account Number _____

Borrower's Authority

I/we acknowledge that fees and charges including any Additional Valuation Fees may apply which are payable at the time a security is discharged. Where a discharge of security does not proceed, I/we acknowledge that Advantedge Financial Services Pty Ltd (AFS) may debit my/our loan with the Additional Valuation Fee if a valuation was arranged due to my/our initial request to discharge the security. Where the matter is for a partial discharge of security, a Security Variation Fee is payable upon the completion of the partial discharge, which I/we authorise to be:

 i) debited to my/our loan; or

 ii) debited to my/our nominated account;

at AFS's discretion.

Surname _____	Given Name/s _____	Signature _____	Date / /
Surname _____	Given Name/s _____	Signature _____	Date / /
Surname _____	Given Name/s _____	Signature _____	Date / /
Surname _____	Given Name/s _____	Signature _____	Date / /

* ALL borrowers must sign this Discharge Authority
 * Completed Discharge Authorities will be actioned within 15 Business Days.
 * This Discharge Authority is valid for 90 days from the date all borrowers sign.