

# Macquarie Mortgages Discharge Authority



Please mail to GPO Box 4294 Sydney NSW 1164 or fax to 1800 707 321

Please be aware that in order to determine a payout figure, all access to available funds will be suspended on your loan account(s) four (4) business days prior to the discharge of your loan \*\*

Borrower(s) details			
Borrower name(s)			
Guarantor name(s)			
Daytime contact number	(H)	(W)	(M)
Address of all properties held	1. 2. 3.		
Address of property or properties to be discharged If all, write "all of the above"			
Loan account number(s) secured by this property			
Reason for discharge	<b>Please tick:</b> <input type="checkbox"/> Sale <input type="checkbox"/> Loan Repaid <input type="checkbox"/> Refinance		
	Date of discharge .... / .... / ....		
If Refinance Name of financial institution			
Type of discharge	<input type="checkbox"/> Full Discharge of loan facility		<input type="checkbox"/> Partial Discharge
For partial discharges Please apply funds received at settlement in the following manner	Account 1 number –		\$
	Account 2 number –		\$
For offset sub-accounts Please choose one (1) of the options provided	Money in my offset sub-account should be – <input type="checkbox"/> Set-off to reduce the balance in my loan; or <input type="checkbox"/> Withdrawn and transferred into the following account  Loan account number _____ BSB _____ Account number _____ Account name _____		
Contact details - Borrower(s) solicitor / conveyancer / refinance agent			
Company name		Contact person	
Telephone number		Fax number	
Mailing address			
Forwarding details			
Mailing address for notices after discharge			
Authorised signatories (all borrowers are required to sign the authority below)			
Signature	Signature		
Date .... / .... / ....	Date .... / .... / ....		
Full Name	Full Name		