

Discharge Authority Form

Australian Unity Banking

Please use **BLOCK** letters and a black or blue pen to complete this Application Form.

Please make sure that all questions are answered. Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

Step 1 Reasons for disci	harge									
X Sale of property	X Paid ou	t Ioan [X Refinance	e - please specit	fy					
X Sale of property - Ful	ll net procee	eds to Aus	tralian Unity	X Loan re	eferred by a Bro	oker/Introducer				
Comments										
Step 2 Customer Details	s (Mandato	ry)								
Title	X	X	X Ms	Miss		Date of birth	/]/[
Surname										
Given name(s)										
Residential address (not a PO Box)										
Suburb									State	
Postcode			Country (if r	not Australia)						
Phone						Mobile				
Email										
Step 3 Joint Customer I	Details (Ma	ndatory)								
Title	Details (Ma	ndatory) X Mrs	X Ms	Miss		Date of birth]/[]/[
			X Ms	X Miss		Date of birth	/	/		
Title			X Ms	Miss		Date of birth	/	/		
Title Surname Given name(s) Residential address			X Ms	Miss		Date of birth	/	/_		
Title Surname Given name(s)			X Ms	Miss		Date of birth	/_	/	State	
Title Surname Given name(s) Residential address (not a PO Box)				Miss Miss		Date of birth	/_		State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb						Date of birth	/	/	State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb Postcode							/		State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb Postcode Phone	Mr								State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb Postcode Phone Email Step 4 Discharge inform	Mr	Mrs	Country (if n	not Australia)					State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb Postcode Phone Email Step 4 Discharge inform Please discharge the morte	Mr	Mrs	Country (if n	not Australia)					State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb Postcode Phone Email Step 4 Discharge inform	Mr	Mrs	Country (if n	not Australia)					State State	
Title Surname Given name(s) Residential address (not a PO Box) Suburb Postcode Phone Email Step 4 Discharge inform Please discharge the morte Property address (not a PO Box)	Mr	Mrs	Country (if r	not Australia)						

Please hand all deeds and documents connected with this property to:	
Surname	
Given name(s)	
Step 5 Disclosure of information	
Please provide title particulars and description of all properties you hold as required to repay the debt in full to:	security against my/our details. Please provide information as to the amount
Surname	
Given name(s)	
Residential address (not a PO Box)	
Suburb	State
Postcode Country (if not Australia)	
Phone	Mobile
Company	
I/We authorise Australian Unity to debit the appropriate discharge fee to the	nis account:
Branch number (BSB)	Account Number
Account name	
Signature	Joint signature
X	×
Name	Name
Date / / / / / / / / / / / / / / / / / / /	Date / / / / / / / / / / / / / / / / / / /
Please send the completed form to: Australian Unity Bank Reply Paid 1801, Melbourne VIC 3001 (no stamp required if mailed in Australia)	

Contact us

(Australian Unity 114 Albert Road, South Melbourne VIC 3205

australianunity.com.au



1300 790 740

 $\begin{picture}(b) \put(0,0){\line(0,0){100}} \put(0,0){\line(0,0){100}}$

AU0397_180826 Discharge Authority Form 2