

# Authority to Discharge

Borrower Name(s)

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Loan Number(s):

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Phone Number:

Email Address:

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On the above mortgage loan account, I/we wish to arrange:                      a partial discharge                      a full discharge

I/We request that you arrange discharge of the following property(ies):

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The remaining security(ies) will be:

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My/Our address for notices after settlement will be:

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State

Postcode

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For any applicable refunds, we authorise you to deposit the funds to the following account:

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Account Name:

BSB:

Account Number:

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My/Our settlement agent/solicitor acting on my/our behalf is (if applicable):

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Name:

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Contact Name:

Phone No. (     )

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Email Address:

Anticipated Settlement Date     /     /

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**Discharge Reason:**

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- |                           |               |                              |                        |
|---------------------------|---------------|------------------------------|------------------------|
| Sale                      | Paid in Full  | Customer Service             | Other - Please specify |
| Refinance                 | Incoming Bank |                              | Offered Interest Rate  |
| Mortgage Manager Notified |               | Mortgage Manager's Signature |                        |

**Authority and Acknowledgement:**

I/we authorise the Lender and Program Manager to initiate the discharge of the Mortgaged Property and I/we acknowledge and agree as follows:

- (a) that we will receive from you a payout amount and other information (as applicable) with respect of the Loan Account to discharge the Mortgaged Property; and
- (b) we will pay the Loan Account and applicable fees and charges payable in accordance with the terms of the Loan Agreement and associated Terms and Conditions; and
- (c) should there be any shortfall in the monies payable under paragraph (b) above we undertake to pay that shortfall within 1 Business Day of being notified of the shortfall.
- (d) have completed all sections on this form to avoid any delays.

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**IMPORTANT:** The discharge must be completed within a maximum time frame of up to 120 calendar days from the date of us receiving your instruction. In the event that the discharge is not completed within the 120-day period, we will cancel the discharge. Once cancelled, we will promptly return the security packet for safekeeping. Returning the security packet for safe custody will incur a custodian fee which will be charged to your loan account. This fee is to cover the costs associated the administrative handling of the security packet.

Signatures (ALL borrowers must sign)				
Borrower 1 (Name)	Signature	Date	/	/
Borrower 2 (Name)	Signature	Date	/	/
Borrower 3 (Name)	Signature	Date	/	/
Borrower 4 (Name)	Signature	Date	/	/

**ONCE COMPLETED PLEASE RETURN TO ORIGIN MORTGAGE MANAGEMENT SERVICES:**

**Email** [discharges@originmms.com.au](mailto:discharges@originmms.com.au) **Tel** 1300 767 023 and  
**Email** [discharges@axislending.com.au](mailto:discharges@axislending.com.au) **Tel** 1300 294 700