

# Authority to Discharge



Mortgage Management Services

Borrower Name(s)

Loan Number(s):

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):**

In exchange for \$  being paid to the above loan account

**The remaining security(ies) will be:**

**My/Our address for notices after settlement will be:**

State  Postcode

**My/Our settlement agent/solicitor acting on my/our behalf is:**

Name:

Address:  State  Postcode

Contact Name:  Phone No. (  )

Email Address:  Anticipated Settlement Date  /  /

**My/Our reason for discharging the loan is:**

## 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  /  /

**\*Allow up to 20 business days to process your discharge request.**

**ONCE COMPLETED PLEASE RETURN TO ORIGIN MORTGAGE MANAGEMENT: Fax 1300 767 039 Email [service@originmms.com.au](mailto:service@originmms.com.au)**