



Discharge Authority Request

Northern Inland Credit Union Ltd ABN 36 087 650 422 AFSL 235022 Australian credit licence 235022

Section 1 – Member Details

Member Number	Given Names	Last Name	Capacity (Borrower/Guarantor)

Northern Inland Credit Union Lending Specialist (if known):

Section 2 – Security for Release

Address of Security	Title Ref

Section 3 – Reason for release

- ☐ Property sold and closing loan accounts
- ☐ Refinancing to another FI
- ☐ Receive my Title (debt repaid/no debt)
- ☐ Change or remove guarantors property

Anticipated Settlement Date:

Section 4 – Loan Account Repayment

Please list all loan accounts to be repaid

Loan Account No.	Loan to be repaid in Full		Amount to be repaid
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If Surplus funds received, credit to account (Northern Inland Credit Union Account)

Account Name	Account No.
	802298

Section 5 – Financial Institution

If refinancing loan, please provide details below

Financial Institution:

Contact Name	Phone Number	Email Address



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Section 6 – Alternate Contact Details

<Info section>

☐ Borrower ☐ Solicitor ☐ Conveyancer ☐ Other: _____

Contact Name	Phone Number	Email Address

Following settlement, address will be:

Address: _____

Suburb:	State:	Postcode:
Email:	Phone:	Mobile:

Section 7 – Member Authority

I/We request Northern Inland Credit Union Limited to release the above security property and:

- Authorise NICU to discharge the mortgage over the property in this form;
- Acknowledge that if a 'break cost fee' is applicable, it will be calculated and charged on the day the discharge request is processed;
- Authorise NICU to charge any third party processing or registration fees in relation to processing this discharge request.
- We acknowledge there is a fee of \$300 per mortgage for the preparation of the Discharge of Mortgage documentation.

Our signatures at section 8 below are our confirmation.

Section 8 – Member Signatures

Name	Signature	Date
x	x	
x	x	
x	x	
x	x	

Office Use:

Confirmed by Lending Mgr/Loans Supervisor:

Date:

Loan Type:

Contract Number:

Date Received:

Date Actioned:

☐ received by Member ☐ received from third party ☐ Signature Verified Op#: _____

Reason for Refinance: _____

Once you have completed this form, please deliver to your local branch or email your request to: info@nicu.com.au