

Discharge Request Form

AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY AND REQUEST A DISCHARGE

Please return completed forms to Fire Service Credit Union via email: loanenquiries@fscu.com.au

I / We hereby authorise Fire Service Credit Union to prepare a discharge and release discharge information to:

FINANCIAL INSTITUTION / CONVEYANCER

Name

Phone

Fax

ACTING AGENT AT SETTLEMENT

Name

Phone

Fax

PROPERTY ADDRESS

CERTIFICATE OF TITLE NO.

MORTGAGE NO.

SETTLEMENT DATE:

REASON FOR DISCHARGE

☐

Sale

☐

Refinance

Member / Mortgagor (1)

Member / Mortgagor (2)

Name

Member no.

Signature

Date