



DISCHARGE AUTHORITY REFINANCE

BP _____

I am refinancing with another bank/financier.

Anticipated Settlement Date: _____

1. MY LOAN DETAILS

BORROWER'S FULL NAME(s):
LOAN NUMBER(s):

2. MY CONTACT DETAILS

Phone:	Mobile:	Fax:
E-mail address :		
Postal Address:		
		Postcode

3. DETAILS OF PROPERTY TO BE RELEASED

Property Address:
Folio Identifier(s):

4. MY BANK/FINANCIER'S CONTACT DETAILS

Bank/Company Name:	Contact/Ref:	
Phone:	Mobile:	Fax:
E-mail address :		
Postal Address:		
		Postcode

5. AUTHORISATION

- I/We hereby authorise the NSW Rural Assistance Authority to surrender the above detailed security to the representatives detailed above in exchange for the sum sufficient to discharge the indebtedness to the Authority.
- I/We hereby authorise the NSW Rural Assistance Authority to exchange information and documentation relevant to this discharge request with my/our lender(s), solicitor or any other nominated person above.

Signed: _____

Signed: _____

Print Full Name: _____

Print Full Name: _____

Date: _____

Date: _____

Please forward completed authority to:
 Email: rural.assist@raa.nsw.gov.au ·
 Locked Bag 23, Orange NSW 2800 · DX 3037, Orange
 Facsimile (02) 6391 3098