Full Discharge / Refinance Authority Form



Looking to refinance?

Have you spoken to our Customer Relations Team, who may be able to offer something which could save you the time and costs of refinancing? Call them on 02 9248 2706.

This form is used for the following requests:

- If you are selling your property and repaying your loan in full
- Refinancing your loan to another financial institution
- You have repaid your loan in full and want to release your mortgage

IMPORTANT:

- To avoid delays in processing your Full Discharge / Refinance Authority Form, please ensure that you complete all sections on the form. Where a section is not applicable please note N/A.
- Ensure that all borrowers and guarantors sign the request form.
- Once the form has been completed, email the request form to discharges@resimac.com.au
- Please note that once we have received your signed request form, it will take up to 14 business days to process.

LOAN DETAILS	
Loan account number:	Date (DD/MM/YY): / /
Sender:	
Email:	
Applicant 1 (full name)	Applicant 2 (full name)
Applicant 3 (full name)	Applicant 4 (full name)

SECURITY AI	DDRESS
Security 1:	
Security 2:	
Security 3:	

REASON FOR DISCHARGE

Please ensure that a reason for discharge is selected under one of the below headings only (e.g. Sale 🗹 Down sizing)

Sale

Refinance

- 🗌 Interest rate
- Product features
- Service
- Purchasing new owner occupied property
- Down sizing

Re-locating

Hardship

Investment property

- Staff concession
- Additional borrowings

Other

- Using own funds
- Other reason (not listed):

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SALE - SOLICITOR / CONVEYANCER DETAILS				
Contact name	Email			
Company name		Phone		
Postal address	Suburb		State	Postcode
Estimated settlement date: / /				

COMPLETE IF REFINANCING TO ANOTHER FINANCIAL INSTITUTION

New lender	
Contact name (who should we contact to discuss the discharge settlement)	

Contact email

BORROWER CONTACT DETAILS POST DISCHARG	E			
Mailing address	Suburb		State	Postcode
Email		Phone		

BANKING DETAILS

This section **must** be completed to allow for the refund of any uncleared repayments.

Please deposit any refunds in my Account you have on file; or

Please deposit any refunds in the following Account:

Account name:			
BSB:	-	Account number:	
Note: You m to do so on y	5	bursement of any surplus fund	Is from the sale/refinance of the security property. We are unable

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Completed by

Signature (Applicant 1)	Signature (Applicant 2)
Name in print	Name in print
Date: / /	Date: / /
Signature (Applicant 3)	Signature (Applicant 4)
Name in print	Name in print
Date: / /	Date: / /

Note: On receipt of a completed Full Discharge / Refinance Authority Form, your Loan Access Card will be suspended (if applicable). If you have an offset account, access to this account may be frozen once this Full Discharge / Refinance Authority Form has been received. Please make alternative arrangements if you have any 3rd party direct debits as they may be rejected and not paid. Any funds remaining in your offset account may be put towards reducing the final payout figure of your loan.