Discharge Authority



To: Webster Dolilta Finance Ltd

CUSTOMER INFORMATION

Please di Full nam	ischarge my/our mortgage e:	(s) and loan (s) in ac	cordance with the followin	ng:		
Contact details:			Loan number:	Loan number:		
Property address:			Title details:	M	ortgage number:	
Suburb:			State:	Postcode:		
Custome	ers Solicitors Details:					
	OF DISCHARGE					
	ck applicable box Discharge due to sale: Please provide copy of the contract of sale with this form Image: Full Discharge Partial Discharge Title details of property being retained: Image: Partial Discharge Amount payable at settlement: Image: Partial Discharge					
	Loan balance/loan to be reduced to:					
	Forwarding address:					
	Refinance Discharge: Name of new financier:					
	Address/Contact details of new financier:					
	Loan being paid out from Please discharge mo Settlement is to be effect	rtgage on my behalf		DO NOT discharge	the mortgage on my behalf	
Signatur	e:	Date:	Signature:		Date:	
Signature:		Date:	Signature:		Date:	
	P] [1300 928 881 PO BOX 3	E admin@wdfina 51, BALLARAT VIC 33 5			