Request to release security

Please email request to Credit Union SA via email: discharges@creditunionsa.com.au.
Use this form to request the release of Credit Union SA's interest in a security you have provided.
Credit Union SA requires a minimum of 10 days to release a security, following a **fully completed and signed** request.
Please note however, timeframes for processing partial release requests will be dependent on individual request requirements.

A. Member details

1. Full name _____ Member number _____

2. Full name _____ Member number _____

3. Full name _____ Member number _____

Primary contact person_____

Mobile _____ Work phone_____ Home phone_____

Email address _____

B. Property / security(s) to be released

Security to be released on the following property(s)

Address _____

Mortgage number _____ Certificate of Title number _____

Address _____

Mortgage number _____ Certificate of Title number _____

Address _____

Mortgage number _____ Certificate of Title number _____

C. Settlement type

Reason(s) for request

☐ **I have sold my property**

All loans repaid (full discharge) ☐ Not all loans repaid (partial release of security) ☐

Sale Price: $_____ Anticipated settlement date: ___/___/___

☐ **I am refinancing my loan from Credit Union SA to another finance provider**

Name of other finance provider _____

☐ **I have repaid my Credit Union SA loan (release one or more titles)**

☐ **I want Credit Union SA to release the family guarantee on my loan**

D. Account payment details - all requests are subject to Credit Union SA approval

Account number(s)	To be paid in full and limit cancelled		Desired amount to be paid
_____	☐ Yes	☐ No, if no ☛	$ _____
_____	☐ Yes	☐ No, if no ☛	$ _____
_____	☐ Yes	☐ No, if no ☛	$ _____

Please credit any surplus funds to my/our Credit Union SA account: _____

Please debit the release fees and any shortfall of funds from my/our Credit Union SA account: _____
(we will contact you prior to debiting shortfall amount)

E. Representative details

☐ I am acting on my own behalf

☐ Please liaise with the following representative that I have appointed to act on my behalf

☐ Solicitor / conveyancer ☐ Other financial institution ☐ Other

Company name _____ Reference _____

Contact name _____ Phone no. _____

Email _____

F. Release and variation authority

Authority must be signed by all parties to the loan(s).

I/We authorise Credit Union SA to provide my/our appointed representatives or other institutions detailed in section E above with:

- Any amount(s) required to payout loan(s).
- Any applicable documentation required in relation to the security being released.
- Any other information required about my/our accounts and securities, and, where applicable, our conduct with regard to accounts.

I/We understand and agree that:

- I/We will pay all monies due to Credit Union SA and all applicable fees, in accordance with the Terms & Conditions of the account/s, including any fees payable to third parties such as agents and government bodies.
- I/We will pay a valuation fee, if a valuation is required by Credit Union SA.
- If any error is made in calculation settlement amounts, I /we are liable for any amount outstanding.
- Credit Union SA will cancel and place a hold on accounts where applicable, and will cancel all facilities linked to the account/s that are being paid out.
- I/We are responsible for updating any direct debit arrangements that draw from accounts being paid out or closed, and Credit Union SA is not liable for any payment rejections and associated dishonour fees if I/we do not update these arrangements.
- I/We will make no drawings from impacted accounts, including redraws, from 3 business days prior to settlement.
- Credit Union SA is not responsible for depositing surplus funds if an account number is not provided by me/us in the account payment details section above.

1. Signature _____ Date_____ Full Name_____

2. Signature _____ Date_____ Full Name_____

3. Signature _____ Date_____ Full Name_____