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 same			Maraharaurahar		
			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 prop	erty(s)				
Address					
Mortgage number	Certificate of Title number				
Address					
Mortgage number	Certificate of Title number				
Address					
Mortgage number	gage number Certificate of Title number				
C. Settlement type					
Reason(s) for request					
I have sold my property					
All loans repaid (full discharge) q	1	Not all loans repaid (partial r	elease of security) q		
Sale Price: \$	Sale Price: \$ Anticipated settlement date:				
I am refinancing my loan from Credit U	nion SA to an	other finance provider			
Name of other finance provider					
I have repaid my Credit Union SA loan (release one o	or more titles)			
I want Credit Union SA to release the fa	nmily guarant	ee on my loan			
D. Account payment details - all reques	ts are subje	ct to Credit Union SA app	proval		
Account number(s)			Desired amount to be paid		
- <u></u> -	q Yes	q No, if no 🕶	\$		
	q Yes	q No, if no 🕶	\$		

q Yes

q No, if no 🕶

Ple	ase credit any surplus funds to my/our Credit U	Inion SA account:				
	ase debit the release fees and any shortfall of for will contact you prior to debiting shortfall amo	•	nion SA account:			
E.	Representative details					
7	I am acting on my own behalf					
7	Please liaise with the following representative	se liaise with the following representative that I have appointed to act on my behalf				
	q Solicitor/conveyancer q Other fir	nancial institution q (Other			
	Company name		Reference			
	Contact name		Phone no			
	Email					
F. l	Release and variation authority					
٩ut	thority must be signed by all parties to the loan((s).				
		appointed representatives	or other institutions detailed in section E above with:			
	Any amount(s) required to payout loan(s).					
	Any applicable documentation required in relat					
•	Any other information required about my/our a	accounts and securities, and	where applicable, our conduct with regard to accounts.			
-	/e 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, includin 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.					
1.5	ignature	_Date	Full Name			
2. S	ignature	_Date	Full Name			
3. S	signature	_Date	Full Name			