
Authorization for Payoff

Date _____

Customer(s) OWNER _____

Property Address _____

Mortgage Company Name and Address _____

Mortgage Company Phone and Fax Number (if available) _____

Loan Number _____

Payoff Dept:

We hereby authorize you to release all information regarding our account to _____ or any bank, mortgage company or title company possessing this release form or a copy thereof. The release is further granted to any second mortgage holders and/or equity line holder.

Further, if this mortgage is an equity line of credit, you are hereby authorized to freeze this account for a 30-day period, as we anticipate having this account paid off and closed within this time frame.

(Signature)

(Social Security Number)

(Signature)

(Social Security Number)