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## 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)