

LOAN PAYOFF REQUEST FORM

Bank Name: _____

Account Number: _____

Bank Telephone Number: _____

Account Holder Name:

Primary: _____

Secondary: _____

Property Address: _____

Account Holder Social Security Number:

Primary: _____

Secondary: _____

Payoff Good Thru: _____

Per Diem: _____

Fax to Attn: _____

Fax Number: _____

Account Holders Forwarding Address:

I give permission for you, my mortgagee, the bank, to disclose my personal account information to a title company or financial institution of my choosing who shall be requesting a payoff of my mortgage indebtedness.

I understand that by signing this form, I am requesting that you close the above referenced account. I wish to terminate this account effective immediately. I agree to return any and all unused checks and/or credit cards associated with this account to you. In lieu of returning the checks or credit cards, I certify that these items have been destroyed by me. I understand that items presented for payment after the date of this authorization will be returned marked "Account Closed". I understand that "I", "my" and "me" includes each person who signed the agreement. My signature affirms for you, "Bank", that this account is to be permanently closed. Upon satisfaction of these terms my collateral will be released by you, the bank. The canceled mortgage if not filed with the county recorder by you, the bank, should be returned to the title company or financial institution who forwarded the payoff funds to you.

**YOU MAY CONSIDER A COPY OF THIS FORM AS AN ORIGINAL WHETHER
COPIED OR TRANSMITTED BY A FACSIMILE MACHINE.**

Customer Signature

Date

Customer Signature

Date