

LOAN PAYOFF REQUEST/AUTHORIZATION

TO (LENDER NAME):

CUSTOMER SERVICE PHONE:

FAX NUMBER:

DATE:

FROM: Monroe County Title Co.

ACCOUNT NUMBER(S):

CUSTOMER NAME:

SOCIAL SECURITY #:

PROPERTY ADDRESS:

CLOSING DATE:

EFFECTIVE DATE:

OTHER INFORMATION:

I/We, hereby authorize _____(lender), to release any information pertaining to the above mentioned accounts to Monroe County Title Co.

X _____
(Borrower's Signature)

X _____
(Borrower's Signature)

Please fax the statement to Monroe County Title Co. at (618) 939-3931 and include a per diem. Thanks!

If you have any questions please call (618) 939-8292.

** Please have the borrower complete the **bold** items above.