

**LOAN PAYOFF REQUEST/AUTHORIZATION**

Current Lender: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

I/We, hereby authorize \_\_\_\_\_, (name of current 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 complete this form and return it to Monroe County Title Co. one week  
prior to your scheduled closing date. Thank you.**