

Signature Title & Escrow Services, LLC

1920 SW 12th Avenue
Ocala, Florida 34471
(352) 390-6233 Phone – (352) 547-5883 Fax

Payoff Request and Authorization

File No: TBD

From: _____

Address: _____

Re: Authorization to Release Financial Information

Lender: _____

Loan #: _____

Customer Service Phone #: _____

Lender: _____

Loan #: _____

Customer Service Phone #: _____

I (we) hereby authorize the above-captioned institution to provide to Signature Title & Escrow Services, LLC and/or Lori Chaffin, Colleen Nostrand or Briana Marion, any and all information regarding my financial accounts with you, including but not limited to the amount necessary to pay off any revolving credit balances, verification of mortgage payments, judgments or liens and any other information related to my transaction(s) and/or account(s) as Signature Title & Escrow Services, LLC deems to be necessary and appropriate.

I (we) expressly authorize Signature Title & Escrow Services, LLC to obtain information regarding the amount necessary to prepay my account(s) in full, and any request accompanied by this authorization shall be deemed to be “received from the consumer”.

All interested parties may accept a photostatic or facsimile copy in lieu of an original.

I (we) further certify that my (our) true, full and correct Social Security or Tax Identification Numbers are as indicated below.

Seller 1 - _____

Seller 1 Social Security Number

Date

Seller 2 - _____

Seller 2 Social Security Number

Date