



AUTHORIZATION FORM

Customer Name: \_\_\_\_\_

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

Lender/Bank Name: \_\_\_\_\_

Lender/Bank Phone No.: \_\_\_\_\_

Loan/Account Number: \_\_\_\_\_  
-Required -

Social Security Number: \_\_\_\_\_  
-Required -

ALL INFORMATION MUST BE COMPLETED FOR EACH LOAN  
(attach additional sheet if needed)

I/We, hereby authorize the release of payoff and/or loan information to any  
employee at Schuster-Campman Abstract & Title Co., LLC.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature