



Payoff Authorization

File No: MTL-

Address:

Re: Authorization to Release Financial Information

LENDER'S NAME:

LENDER'S PHONE NUMBER:

LENDER'S FAX NUMBER:

LOAN NUMBER:

I (we) hereby authorize the above-captioned institution to provide to Midwest Title LLC, 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, and any other information related to my transaction(s) and/or account(s) as Midwest Title LLC deems to be necessary and appropriate.

I (we) expressly authorize Midwest Title 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" pursuant to Louisiana Revised Statute 9:3531.

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.

Borrower's Name
SSN/Tax Identification No:

Dated:

Co-Borrower's Name
SSN/Tax Identification No:

Dated: