



PAYOFF AUTHORIZATION REQUEST

Seller

Buyer

LENDER: _____

DATE: _____

ADDRESS _____

LOAN #: _____

CITY/STATE/ZIP _____

PHONE: _____

BORROWER'S NAME(S):

PROPERTY ADDRESS:

The above property has been sold:

_____ On Land Contract

_____ Your mortgage will be paid off

_____ Your mortgage will be assumed. Please forward Assumption Application Package.

You are hereby authorized to discuss and/or furnish any and all information regarding our loan account referenced above to Alliance Title of Michigan, LLC, and to provide the following information:

_____ Payoff Figures as of _____ with a daily rate.

_____ Payoff Figures good for 30 days, with applicable daily rate.

_____ Equity line payoff figures as of _____ with a daily rate. Please block the account once the payoff letter is sent. Checks/Cards have been destroyed.

_____ Other: _____

Borrower's Signatures:

SS# _____

SS# _____

Phone Number: _____

PLEASE EMAIL THE ABOVE INFORMATION BACK TO OUR OFFICE AT customerservice@alliancetitlemi.com or Fax (586) 238-4401. Thank you!