

TRUE TITLE, INC.

6100 Day Long Ln., Suite 100
Clarksville, Maryland 21029
Phone (410) 531-0385 / Fax (410) 531-0375

MORTGAGE PAYOFF REQUEST / AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY

TO: _____
(Name of Bank/Lender)

LENDER ADDRESS: _____
(Customer Service Address – Not P.O. Box Where You Send Payments)

LENDER PHONE NO.: _____

ACCOUNT NUMBER: _____
(Mortgage Account Number)

RE: _____
(Address of Property)

Sir/Madam:

Please consider this formal authorization and request to release mortgage payoff figures on the above referenced account to True Title, Inc. and/or any authorized employee of True Title, Inc. Please provide mortgage payoff figures directly to True Title, Inc.:

FAX NUMBER FOR PAYOFF FIGURES: (410) 531-0375

EMAIL ADDRESS FOR PAYOFF FIGURES: payoff@truetitleinc.com

ESTIMATED PAYOFF DATE: _____
(Title Company Will Complete)

Please include per diem interest in your payoff quote.

IMPORTANT: IF THIS IS A LINE OF CREDIT ACCOUNT, THIS A FORMAL REQUEST AND AUTHORIZATION TO BLOCK/FREEZE AND CLOSE MY ACCOUNT.

BORROWER #1:

BORROWER #2 (IF APPLICABLE)

Signature

Signature

Printed Name

Printed Name

Phone Number

Phone Number

Social Security Number

Social Security Number