AUTHORIZATION TO CLOSE

	ect to the closing for the property located:	
Please check the appropriate box:		
Overnight (\$30.00 fee) final closing package and proceeds check to:		
Wire Funds (\$30.00) and send final closing package (regular mail) to:		
Account Number:		
ABA Routing Number:		
Bank's Name, Address and Phone N	Number:	
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Mailing Address:		
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DATED:	Sign of the same	
DATED:	Signature: Name:	-
Mailing Address: DATED: Signature: Hame: lease provide your Social Security Number or your	Name:	-
DATED: ignature: fame: lease provide your Social Security Number or your	Name:	-
DATED: ignature: [ame:	Name: Tax Identification Number below:	-

Notary Public

My Commission Expires: