

PAYOFF AUTHORIZATION

DATED: _____

I/We are in the process of Selling or Refinancing the following property. As part of this process, I/We authorize you to provide AMERICAN TITLE COMPANY of Jackson the following information or any additional information needed. Such information includes, but is not limited to; mortgage loan balance and/or payoff(s), credit line balances and/or payoff(s) or any mortgage release(s).

PROPERTY ADDRESS:

Lender Name: _____ Loan#: _____

Lender Phone#: _____ Lender Fax#: _____

Lender Name: _____ Loan#: _____

Lender Phone#: _____ Lender Fax#: _____

Payoff statement good through _____ . Please include a daily rate of interest.

Equity line good through _____ . Please include a daily rate of interest.

The undersigned hereby demands immediate suspension of the above reference loan account such that there shall be no further disbursement of funds for or on account.

Signature

Social Security Number (*required*)

Signature

Social Security Number (*required*)

Please forward the completed payoff(s) to:

American Title Company
280 W Cortland St
Jackson, MI 49201
Attn: Closing Dept
Send via email to: escrow@atcjackson.com
Or fax to: 517-782 -2467