



MORTGAGE PAYOFF AUTHORIZATION

By my/our signature(s) below, I/we hereby authorize Chicago Title to make contacts to obtain the following mortgage payoffs. I/we understand that our lender may charge a “fax fee” that would be added to my/our payoff.

I/we authorize you to release mortgage payoff information regarding property located at:

(complete address)

To: Chicago Title
5311 36th Street
Grand Rapids, MI 49512
Attn: *Closer's Name*

Phone: (616) 957-2714
Fax: (616) 285-5404

Mortgage Company Name: _____

Customer Service Number: _____

Other Phone or Fax Numbers: _____

Account Number: _____

Home Equity / Second Mortgage Loan

Mortgage Company Name: _____

Customer Service Number: _____

Other Phone or Fax Numbers: _____

Account Number: _____

****This is a formal request to close/freeze our line of credit****

Owner/Mortgagor

SS# or Tax ID #

Owner/Mortgagor

SS# or Tax ID #