

# Mortgage Payoff Statement Request

*\*Required fields*

## MORTGAGE ACCOUNT INFORMATION:

Name of Accountholder\*

Name of Second Accountholder *(if applicable)*

Date\*

Mortgage Account Number *(include the 700 number suffix)\**

Property Street Address\*

City/State/ZIP\*

Social Security Number(s)\*

Please issue a written payoff statement good through the date of \_\_\_\_\_ for the above mentioned Mortgage Loan.

## COMPANY INFORMATION:

Company Name\*

Attention\*

Fax Number\*

Phone Number\*

## SIGNATURES:

Borrower Signature

Borrower Signature

## INSTRUCTIONS:

1. Complete form.
2. Print and sign form.
3. Email the completed form to:  
[mortgagepayoffs@cefcu.com](mailto:mortgagepayoffs@cefcu.com)

or

Fax form to:  
CEFCU Mortgage Department  
309.633.3667



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