

PAYOFF AUTHORIZATION

I/WE AUTHORIZE COUNTY TITLE COMPANY TO OBTAIN PAYOFF INFORMATION FOR MY/OUR MORTGAGE LOAN.*

CUSTOMER(S)

NAME _____ SOCIAL SECURITY # _____

NAME _____ SOCIAL SECURITY # _____

FIRST MORTGAGE

LENDER _____ LOAN ACCOUNT # _____

PHONE _____ FAX _____ EMAIL _____

SECOND MORTGAGE (IF APPLICABLE)

LENDER _____ LOAN ACCOUNT # _____

PHONE _____ FAX _____ EMAIL _____

PAYOFFS GOOD THROUGH _____ WITH A DAILY PER DIEM OF _____

BORROWER/ MORTGAGOR DATE

BORROWER/ MORTGAGOR DATE

***PLEASE SEND THE PAYOFF LETTER TO COUNTY TITLE BY FAX (309) 589-1064
OR E-MAIL CustomerService@CountyTitle.com**

In the event this/these loan(s) is/are secured by a Mortgage (Deed of Trust) allowing for advances of a credit line, please be advised that this letter authorizes you to freeze the referenced credit line upon issuance of your payoff (demand). If you require further authorization, please contact the undersigned immediately. Payment pursuant to your payoff (demand) will eliminate any security interest you have in the property in question. In order to avoid unsecured additional advances the account must be frozen upon issuance of your payoff (demand). If you make any additional advances they will not be secured by the subject property. We will be completing an escrow/closing transaction involving a new owner or lender in reliance on the release of your security interest in the property. Upon payment you will be obligated to issue a release of the Mortgage (Deed of Trust) securing the line of credit.

COUNTY TITLE COMPANY
4128 S. Airport Rd., Suite B
PHONE (309) 589-1060 | FAX (309) 589-1064
CustomerService@CountyTitle.com
www.CountyTitle.com