

<p style="text-align: center;">Regions Bank Home Equity Asset Line of Credit Payoff Request Form Instructions</p>
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1. PRINT AND FILL OUT THIS FORM

Please complete all relevant sections of the Payoff Request form.

2. SIGN

Please remember to sign your Payoff Request form. We cannot process your Payoff Request without your signature.

3. SEND YOUR COMPLETED PAYOFF REQUEST FORM TO REGIONS

You can fax your completed Payoff Request form to 205-261-0647 or mail it to:

Regions Bank
Attn: Satisfaction Clerk
2050 Parkway Office Circle, RCN-5
Birmingham, AL 35244

4. QUESTIONS?

Call 1-800-REGIONS, (1-800-734-4667)

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Checking one of the following options will indicate that the account will be closed and satisfied upon receipt of the payoff amount in immediately available funds and no future advances will be allowed. Regions will place a temporary hold on the account blocking the payment of checks, cash advances or credit card transactions associated with the account*.

Refinance First Mortgage Selling Home Paying balance to zero /closing account

If the customer wants a verbal quote to bring the line of credit to zero but still keep the account open please call 1-800-734-4667.

*The payoff quote will be subject to any transactions that have not posted at the time the quote is given, any preauthorized transactions, and any check or other payment made on the account that is returned unpaid or is rejected or reclaimed for any reason. Regions reserves the right to adjust the payoff amount accordingly. **If the account has not been paid in full within 10 days after the "good thru" date on the Payoff Statement, the hold on the account may be removed.**

ACCOUNT INFORMATION

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SOCIAL SECURITY NUMBER: _____ - ____ - ____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - ____

REQUESTED "GOOD THRU" DATE (Maximum 15 days) ____ / ____ / ____

CLOSING AGENT INFORMATION (If this information is completed, we will provide the Payoff Statement to the Closing Agent)

AGENT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - ____ FAX NUMBER: (____) _____ - ____

LENDER NAME: _____ PHONE NUMBER: (____) _____ - ____

Payoff request will not be processed without the customer's signature or an attached borrower's authorization form signed by the customer.

If a faxed payoff quote is desired, a \$10.00 expedited delivery fee will be charged and included in the payoff balance. By requesting a faxed payoff quote and signing below, you agree to pay this charge. This fee will not be charged for property located in Louisiana, Tennessee, Missouri, Indiana or Virginia. There is no fee or charge for mailing a payoff quote. If the quote is mailed, please allow up to seven days for delivery.

Check One: Fax Mail Fax completed request to: **205-261-0647**

Customer Signature: _____

PLEASE PRINT PLEASE SIGN

If agent signs for customer here, a borrower's authorization must be attached.

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Information for paying account off

You may make the payoff at a local branch. You can simply go through the Teller line.

If you are mailing a payoff check, send to:

Regions Bank
Attn: MLSC Payoffs Department (ALMGM-CD)
1751 Congressman Dickinson Drive
Montgomery, AL 39106

Please include the payoff statement with the check.

If you requested a quote more than 7 days before the expected payoff date, then please request an updated quote on the day you plan to pay the account off.

The payoff quote will be subject to any transactions that have not posted at the time the quote is given, any preauthorized transactions, and any check or other payment made on the account that is returned unpaid or is rejected or reclaimed for any reason. Regions reserves the right to adjust the payoff amount accordingly.