

LOAN PAYOFF REQUEST/AUTHORIZATION

Current Lender: _____

Phone Number: _____

Account Number: _____

Social Security Number: _____

Property Address: _____

I/We, hereby authorize _____, (name of current lender)
to release any information pertaining to the above mentioned accounts to Monroe County
Title Co.

X _____
(Borrower's Signature)

X _____
(Borrower's Signature)

**Please complete this form and return it to Monroe County Title Co. one week
prior to your scheduled closing date. Thank you.**