



38705 Seven Mile Rd, Suite 195
Livonia, MI 48154
(313) 733-2903

PAYOFF REQUEST FORM

Date: _____

To: Payoff Department

Lender: _____

Lender Phone Number: _____

Lender Fax Number _____

VIA FACSIMILE: _____

This fax transmission contains _____ page(s), including the cover sheet.

RE: Payoff Statement Request

Borrower(s): _____

Property Address: _____

Loan Number: _____

Our File Number: _____

Social Security # (last 4): _____

Dear Sir or Madam:

Please be advised that the above-referenced property is being sold or refinanced and the note that you hold service is to be satisfied from the proceeds.

Please advise us, in writing, of the amount necessary to satisfy the Note as of _____, including a per diem interest rate and any additional costs required to pay the Note in full.

Please fax this information to 313-566-4909 at your earliest convenience.

Your prompt attention to this matter is greatly appreciated!

Sincerely,

Addison Title Services

I HEREBY AUTHORIZE Addison Title Agency, TO ORDER THIS PAYOFF TO OBTAIN ANY INFORMATION REGARDING THE ABOVE-REFERENCED LOAN ON MY/OUR BEHALF.

Borrower

Co-Borrower