

PAYOFF REQUEST

Authorization to Release Information

DATED: _____

TO: MORTGAGE PAYOFF DEPARTMENT	FROM: COLONIAL TITLE COMPANY
COMPANY NAME: _____	27500 HARPER AVENUE
PHONE# _____	ST. CLAIR SHORES, MI 48081
FAX# _____	PHONE# (586) 774-5950
	FAX# (586) 774-7040 OR (586) 774-1674

To Whom It May Concern:

We are requesting a payoff statement for our property at the address listed below. It has been sold or we are intending to refinance our property. Colonial Title Company needs a payoff statement for the closing. This is our authorization for you to release payoff information on our account to Colonial Title Company. We agree to pay for any fees for generating the payoff statement.

Thank you in advance for your cooperation.

Mortgagee: _____

Property Address: _____

Loan Number: _____

Closing Date: _____

Seller

Social Security#: _____

Seller

Social Security#: _____

**Calculate interest through _____
and fax to Colonial Title Company (586) 774-7040 or (586) 774-1674**

COLONIAL TITLE COMPANY,
a title agency
27500 Harper Avenue
St. Clair Shores, MI 48081
Phone: (586) 774-5950
Fax: (586) 774-7040

Requested by: _____