* Minnesota Title Agency*

**PAYOFF AUTHORIZATION**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lender Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LENDERS ADDRESS: | | |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |  | Phone Number |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |  | Fax Number |  |
| PROPERTY ADDRESS: | | |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Street Address** | | | **City** |  | **State** | **Zip** |
| OWNER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE PRINT) | | | | | | |
| LOAN NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| THE ABOVE PROPERTY HAS BEEN SOLD, | | | | | |  |
| ( | ) | On Land Contract |  |  |  |  |
| ( | ) | Purchaser will assume your Mortgage | | | |  |
| ( | ) | Your Mortgage will be paid off | |  |  |  |
| YOU ARE HEREBY AUTHORIZED TO RELEASE THE FOLLOWING INFORMATION: | | | | | | |
| ( | ) | Pay-off Figures as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with a daily rate | | | | |
| ( | ) | Assumption figures, monthly payment, break-down of monthly payment interest rate, | | | | |
|  |  | Re-Payment Penalty |  |  |  |  |
| ( | ) | Complete Insurance Information | |  |  |  |
| ( | ) | Amount of 20\_\_\_\_\_ City Tax | |  |  |  |
| ( | ) | Amount of 20\_\_\_\_\_\_ County Tax | |  |  |  |
| ( | ) | If Mortgage is an Equity Line, Please close or freeze our account | | | |  |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| **PLEASE MAIL OR FAX INFORMATION TO**: | | | | |  |  |
| MINNESOTA TITLE AGENCY OR | | | | MINNESOTA TITLE AGENCY | | |
| 32500 SCHOOLCRAFT | | |  | 7326 ALLEN ROAD | |  |
| LIVONIA, MI 48150 | | |  | ALLEN PARK, MI 48101 | |  |
| PHONE # 734-421-0888 | | |  | PHONE # 313-381-6313 | |  |
| FAX # 734-421-2834 | | |  | FAX # 313-381-7901 | |  |