

# AUTHORIZATION TO OBTAIN PAYOFFS

PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITY AND RETURN IT AS SOON AS POSSIBLE SO THAT WE MAY OBTAIN ANY PAYOFFS AND/OR CLEAR TITLE. THANK YOU.

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Seller's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Name of **1st Mortgage Holder**: \_\_\_\_\_

Address of Place of Payment: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of **2nd Mortgage Holder**: \_\_\_\_\_

Address of Place of Payment: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_ Phone No. \_\_\_\_\_

*This information is given to facilitate the closing of the transaction. As Escrow Agent you are authorized to pay off and close out all mortgages and/or liens that affect the property. Authorization is hereby given to **Mount Morris Title Agency LLC** to contact any of the above to obtain information. If additional space is needed to advise of any other items to be paid through closing, please use additional paper and attach it to this form.*

SIGNATURE \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**PLEASE NOTE: IF YOUR PROPERTY IS IN A SUBURB, BE SURE TO CALL YOUR PROPERTY'S CITY HOUSING DEPARTMENT FOR POINT OF SALE REQUIREMENTS.**

**Return by mail or fax to:**



2401 Brookpark Rd., Cleveland, OH 44134 • (216) 661-2240 FX (216) 661-2850  
www.MountMorrisTitle.com • MT@MountMorrisTitle.com