

PAYOFF AUTHORIZATION

Date: _____

Bank Name: _____

Phone# _____ Fax# _____

Please consider this my/our authorization to release all payoff information to:

Prestige Title Insurance Agency
3136 N. Adrian Hwy.
Adrian, MI 49221
PH: 517-264-6040
Fax: 517-264-6050

cmiller@prtitle.com

Attn: Chad Miller

Re: Account #: _____

Customer Name: _____

Social Security #: _____

Customer Name: _____

Social Security #: _____

Property Address _____

I/We further authorize charge of any fees connected with issuing this payoff letter
(example: fax fee)

Thank you for your prompt attention to this matter.

Name Date

Name Date