



17199 N. Laurel Park Dr., Suite 100  
Livonia, MI 48152

**Payoff Request Authorization**

Lender: \_\_\_\_\_ Date: \_\_\_\_\_  
Lender's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Lender's Phone No: \_\_\_\_\_ Loan No: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_  
(Address of Mortgaged Property)  
REPUTATION FIRST TITLE AGENCY FILE NUMBER: \_\_\_\_\_

**You are hereby requested to furnish the following information:**

The above property has been sold:

- \_\_\_\_\_ Your mortgage will be paid off.
- \_\_\_\_\_ Your mortgage will be assumed by buyer.
- \_\_\_\_\_ Your mortgage will not be paid off the property has been sold by Land Contract.

We require the following information:

- \_\_\_\_\_ Payoff amount, as of \_\_\_/\_\_\_/\_\_\_ . Please include the per diem rate and escrow balance.
- \_\_\_\_\_ Copy of Assignment of Mortgage.
- \_\_\_\_\_ Assumption letter including: Monthly payment, breakdown of monthly payment, interest rate and pre-payment penalty if any.
- \_\_\_\_\_ Amount of \_\_\_\_\_ City Taxes.  
(year)
- \_\_\_\_\_ Amount of \_\_\_\_\_ County Taxes.  
(year)
- \_\_\_\_\_ Escrow amount.

Freeze any future advance or home equity line of credit mortgage and close account upon receipt of full payment.

Borrower: \_\_\_\_\_ Borrower: \_\_\_\_\_  
PRINT NAME PRINT NAME  
Borrower Signature: \_\_\_\_\_ Borrower Signature: \_\_\_\_\_  
Social Sec No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Sec No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE FAX TO: CLOSING DEPARTMENT AT (734) 432-0102**