

116 S. Main St. Bluffton, IN 46714 260-824-5263 P | 260-824-4551 F

## PAYOFF REQUEST and AUTHORIZATION

## Please forward a payoff statement for the following:

**Customer(s) Name and Last 4 Digits of Social Security Number(s)** 

Borrower	Last 4 of SSN
Co-Borrower	Last 4 of SSN
Property Address:	
Lender 1:	
Account #	
Customer Service Phone #	
Lender 2:	
Account #	
Customer Service Phone #	
Please make payoff good through	(office use only)
It is understood a fax fee may be add	ded to the payoff.
Customer Signature(s)	
Borrower	Co-Borrower

Please return completed and signed form –  $\,$ 

Email to: <a href="mailto:closings@wellscountylandtitle.com">closings@wellscountylandtitle.com</a> Fax to: 260-824-4551