

Authorization To Release Information

Seller Name

Seller Name

Social Security Number

Social Security Number

Property Address

City

State

Zip Code

1st Mortgage Loan

Lender Name

Lender Phone #

Loan #

Lender Address

City

State

Zip Code

2nd Mortgage Loan

Lender Name

Lender Phone #

Loan #

Lender Address

City

State

Zip Code

Note: If this is an Equity Line of Credit, you must close this account with the lender yourself and freeze the account.

This is your authorization to release the information requested as soon as possible to **Crossroads Title** who is handling the transaction.

We need Payoff figures for the above loan **THROUGH AND INCLUDING** _____ along with the daily per-diem and any tax information (if an escrow account has been established.)

Homeowners/Condominium Association Data

Association Treasurer Name

Phone No.

\$ _____
Dues Amount

Dues Paid

Annually

Quarterly

Monthly

Please send the above information to:

Crossroads Title Agency
4343 State Street
Saginaw, MI 48603
(989) 249-7334 Fax (989) 249-8090

Seller Signature

Date

Seller Signature

Date