SECURED TITLE of MICHIGAN
SERVICE BEYOND EXPECTATIONS

Payoff Authorization Form

Subject Address: _____

Borrower name:_____SS#_____

Borrower name:_____SS#_____

Lender 1:_____Lender 2: _____

Loan#:_____Loan#:_____

Phone#:_____Phone#:_____

To whom it may concern:

The above mentioned property has been sold. Kindly provide a payoff statement that has been calculated to_____and forward it to the below contact.

(This loan will be paid in full, please be sure to include any discharge and recording fees to the final payoff)

Fax: (586) 722-0644 or Email: securedteam@titlemi.com

Attn: Secured Title of Michigan

I/we authorize the above Lender(s) to provide Secured Title of Michigan and its authorized agents any payoff information necessary to pay off the referenced loan. This authorization is good for 60 days from the date this letter was signed or unless revoked in writing.

_____ _____
Borrower: Date:

_____ _____
Borrower: Date: