

MORTGAGE PAYOFF AUTHORIZATION

Note: Once you enter your data, sign the form and save, the form will lock.
Be sure to verify the accuracy of your information before saving.

We, _____ and _____
authorize the release of our payoff information for our Home Mortgage with your

Lender Name: _____

The following will be pertinent information that you will require to process this request:

MORTGAGE PROPERTY ADDRESS: _____

LOAN NUMBER: _____

SOCIAL SECURITY NUMBER(S): _____

INITIALS: _____

SSN: _____

INITIALS: _____

SSN: _____

SIGNATURE: _____

DATE: _____

Mortgagor

SIGNATURE: _____

DATE: _____

Mortgagor

TO BE COMPLETED BY KERTZMAN & WEIL OFFICE:

PAYOFF GOOD THROUGH: _____

Please FAX this form back to KERTZMAN & WEIL, LLP at 781-237-6361
Do not email this form unless using encryption.
Contact our office for assistance with encrypted email.