



TITLE, INC.

REGIER TITLE, INC
129 E. Broadway Suite 100 ■ P.O. Box 346
Newton, KS 67114
316-283-2750 ■ FAX 316-283-5680
Email ■ firstname@regiertitle.com

**AUTHORIZATION FOR
PAYOFF INFORMATION REQUEST**

DATE: _____

MORTGAGE COMPANY: _____

LOAN NUMBER: _____

BORROWER'S NAME(S): _____

SOCIAL SECURITY NUMBER(S): _____

PROPERTY ADDRESS: _____

Please accept this letter as a written request for a payoff letter on the above account. The payoff letter should be faxed to our office at (316) 283-5680, effective as of _____, with a per diem. If there is \$0.00 balance due, we still must have a written payoff letter reflecting said amount. If you have any questions, do no hesitate to call us at (316) 283-2750. Thank you.

Borrower

Borrower