



Land Title Inc.

10100 W. Maple Suite 107, Wichita, KS 67209

(316) 773-3800 / (316) 773-0800 Fax

Attn: Closing Department

AUTHORIZATION TO OBTAIN INFORMATION

I, the undersigned, do hereby authorize Land Title Inc. to request and obtain payoff information on my following Mortgage Loan (s) for the current sale or refinance of my property.

Customer Name:

Property Address:

1st Mortgage Lender:

Account Number:

Company Phone Number:

If this authorization is for a payoff statement on a revolving line of credit loan, I am also requesting that the line of credit be frozen upon receipt of this request and that the mortgage be released when the balance due is remitted.

Additional Liens:

Account Number:

Mortgage Lender Phone Number:

Customer Name:
Social Security No.:

Customer Name:
Social Security No.:

This statement is confidential and will only be used to complete the settlement statement of the sale or refinance of your property. *