



1092 East South Union Avenue
Midvale, Utah 84047
Phone #801-307-0160 Fax #801-307-2199

Borrower's Authorization

Date:

From: Kim Leon

Fax:

Lender/Creditor: 1st: 2nd:

Loan No. 1st: 2nd:

Borrowers:

SSN:

Property Address:

ITS File No.:

Our office has been asked to close the SALE/REFINANCE of the property covered by the above referenced loan. For this purpose, we request from you a full payoff figure on subject loan including a per diem figure good through (/ /2015), 2015. Please forward this information to this office as soon as possible.

Sincerely, Kim Leon

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I/We are in the process of closing a Real Estate Transaction through Integrated Title Insurance Services, LLC as Escrow Agent. As part of this process Integrated Title will need to verify information pursuant to the above referenced Loan/Debt and obtain a written payoff demand statement prior to closing. I/We do hereby authorize the release of the above information to Integrated Title as soon as possible. A copy of this Authorization may be accepted as an original.

Your prompt attention to this request is greatly appreciated.

Borrower Signature:

Signature line

PLEASE FAX OR RETURN TO US BY SECURE E-MAIL, THE PAYOFF STATEMENT AS SOON AS POSSIBLE TO 801-307-2199 or KIM@ITSTITLE.COM