

Phone: 231.929.1235 • Fax: 231.929.0662

docs@mid-americantitle.com

www.mid-americantitle.com

Please complete these two forms, if applicable.
Check or write N/A, if not applicable.
Payoff Request Form
o If you have a Mortgage or a Line of Credit that is attached to this real property, please fully complete the attached Form. If not applicable, write N/A.
HOA Information Form • If you live in a Home Owners Association, Condo, Resort, or there is a residential entity to whom you pay dues, please fully complete the attached form. If not applicable, write N/A.
Name: Current Marital Status:
Name: Current Marital Status:

Please forward completed documents to our office via fax or email at your earliest convenience.

PAYOFF REQUEST

LENDER:	_
(NOTE: IF DIFFERENT SERVICER, PLEASE INDICATE AS FOLLOWS:)	
LENDER PHONE:	_
LOAN #:	_
LENDER:	_
(NOTE: IF DIFFERENT SERVICER, PLEASE INDICATE AS FOLLOWS:)	
LENDER PHONE #:	
LOAN #:	
NAME:	
SS #:	
NAME:	
SS #:	
PROPERTY ADDRESS:	
"In the event this loan is secured by a Mortgage allowing for adyou to freeze the referenced credit line upon issuance of your payoff undersigned immediately. Payment pursuant to your payoff (demand question. In order to avoid unsecured additional advances, the act If you make any additional advances they will not be secured by transaction involving a new owner or lender in reliance on the rel will be obligated to issue a release of the Mortgage securing the line	[[demand]]. If you require further authorization, please contact the discussion of the property in the liminate any security interest you have in the property in count must be frozen upon issuance of your payoff [demand], the subject property. We will be completing an escrow/closing ease of your security interest in the property. Upon payment you
If a "short-sale" is involved with this request, the undersigned authori The Mortgagee/Servicer is to provide any and all documentation re	
Please provide Payoff information pertaining to the above mortg	gage to:
Mid-American Tit	le Company, dba
Crystal Cl	ear Title
FAX: 231-929-0662 PI <u>Email: Docs@mid-</u>	
SIGNED BY:	Date:

Date:

SIGNED BY:



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Homeowners/Condo Association Information for Closing

Property Address:
Owner of Record:
ASSOCIATION CONTACT INFORMATION:
CONTACT NAME:
TELEPHONE NUMBER:
EMAIL ADDRESS:
<u>OR</u>
NO ASSOCIATION (check if applicable)
Please return to our office via fax or email at your earliest convenience.
Thank you,
Mid-American Title Company