



**Customer Authorization to Request Payoff/Lien Information**

File #: \_\_\_\_\_

To Whom It May Concern:

I/We hereby authorize you to release payoff information to SoDak Title in conjunction with the sale/refinance of my real estate located at:

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Any applicable fees assessed to my account, as a result of third-party requests, are hereby acknowledged and authorized. In the event any loan is secured by a Mortgage allowing for advances of a credit line, please be advised that this letter authorizes you to freeze the referenced credit line upon issuance of your payoff (demand). Upon payment, this is my authorization for all accounts to be closed.**

**First Mortgage Lender:**

**Second Mortgage Lender:** *(if applicable)*

\_\_\_\_\_

\_\_\_\_\_

Account Number:

Account Number:

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Signature and Date

Social Security No.: \_\_\_\_\_

Signature and Date

Social Security No.: \_\_\_\_\_

**The following will be completed by SoDak Title:**

**Effective Date of Payoff:** \_\_\_\_\_

**Please FAX Payoff to SoDak Title at (605) 559-0165**