

PAYOFF AUTHORIZATION

DATE: _____

LENDER: _____

LENDER'S PHONE NUMBER: _____

LOAN NUMBER: _____

PROPERTY ADDRESS: _____

Double D Title Company is hereby requested to obtain payoff information on our behalf for the above-referenced loan.

Borrower Name(s) _____

Borrower's Signature _____

Social Security # _____

Daytime Phone # _____

Please forward this information to: Double D Title Company
415 E. Eighth Street
Traverse City, MI 49686
Phone: 231-947-8810
Fax: 231-947-0119