

## **Customer Authorization To Request Payoff/Lien Information**

File #	
Γο Whom It May Concern:	
/We hereby authorize you to release pay sale/refinance of my real estate located a	yoff information to Dakota Title in conjunction with the t
Property Address:	
authorized. In the event this/these loan(s) is/	as a result of third-party requests is hereby acknowledged and are secured by a Mortgage allowing for advances of a credit line, you to freeze the referenced credit line upon issuance of your 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.:
	Social Security No.:
Signature and Date	
The following to be completed by Da	kota Title:

Please FAX Payoff to Dakota Title at Fax #605-559-0165.