



Providing a Complete Line of Title & Closing Services

DATE: _____

TO: _____

ATTN: PAYOFF/LEIN RELEASE DEPARTMENT

CUSTOMER NAME: _____

PROPERTY ADDRESS: _____

LOAN NUMBER: _____

SOCIAL SECURITY NUMBER: _____

PAYOFF EFFECTIVE DATE: _____

PLEASE ACCEPT THIS AS MY/OUR WRITTEN AUTHORIZATION TO RELEASE PAYOFF STATEMENTS AND/OR DISCUSS RELEASE AND ASSIGNMENT INFORMATION ON THE ABOVE REFERENCED PROPERTY/LOAN NUMBER TO:

AMERICAN TITLE AGENCY
315 WEST FIRST STREET
CASPER, WY 82601

THE PAYOFF STATEMENT IS TO BE FAXED TO AMERICAN TITLE AGENCY AT 307-266-0154.

Your prompt attention to this matter is greatly appreciated.

CUSTOMER