

## PAYOFF REQUEST FORM

Date: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

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

\_\_\_\_\_

Borrower Name: \_\_\_\_\_

To Whom It May Concern,

Genesis Abstract & Title, LLC is serving as settlement agent for a transaction in which the referenced loan is to be satisfied in full. Settlement is scheduled for \_\_\_\_\_.

**PLEASE FAX TO THIS OFFICE**, at (580) 245-0991, an itemized payoff statement good through 5 days after the scheduled closing date, including a per diem interest rate and, if applicable, all costs for the release of this lien from the county clerk's office.

If the referenced loan is an equity line, credit line or other such revolving line of credit account, please **BLOCK THIS ACCOUNT**, so no additional amount may be charged against the account after release of your payment statement.

The undersigned hereby authorizes compliance with all requests made herein:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date