

**Payoff Authorization**

BORROWER(s):

PROPERTY ADDRESS:

DATE OF PAYOFF:

To Whom It May Concern:

I/We are preparing for the sale of my/our home and authorize New Castle Title to assist with a payoff. Please have the payoff sent via fax to New Castle Title at 608-783-9266 or email to Closings@newcastletitle.us. Should New Castle Title need any further information please provide as requested.

Thank you for your prompt assistance in this very important matter.

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SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_