



PAYOFF AUTHORIZATION

I/WE, AUTHORIZE **CORNERSTONE TITLE GROUPE LLC** TO OBTAIN INFORMATION CONCERNING THE PAYOFF OF MY MORTGAGE LOAN(S) ON THE PROPERTY LOCATED AT:

WHICH I/WE HAVE CONTRACTED TO SELL.

DATED THIS _____ DAY OF _____, 20____.

Signature

Signature

SS# _____

SS# _____

(When this form is being completed, please include the following information below)

LENDER'S NAME _____ PH: _____

ACCT# _____ FAX: _____

LENDER'S NAME _____ PH: _____

ACCT# _____ FAX: _____