

REAL SOLUTIONS LLC

So Simple, Just Click-n-Close®

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REQUEST FOR MORTGAGE PAYOFF STATEMENT

To:	MORTGAGE PAYOFF DEPT.	FROM: CLIENT SUPPORT
CC:		DATE:
FAX #:		# PAGES:
RE:	PAYOFF OF MY LOAN	
FILE #:		

I/We, the undersigned authorize your company to provide the above company with a calculated verbal payoff figure(s) and a written payoff statement(s) for the following loan:

Borrower Name(s): _____

Lender Name: _____

Lender CS Phone #: _____ Loan #: _____

Type of Loan (circle): 1st Mort 2nd Mort HELOC

Property Address: _____

Town/City _____ State: _____

Date Good Through: _____

****Please FAX all completed written payoff statements to our above number.****

✓

Mortgagor's Signature

Social Security #

✓

Mortgagor's Signature

Social Security #