

## Authorization To Release Information

\_\_\_\_\_  
Seller Name

\_\_\_\_\_  
Seller Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### **1<sup>st</sup> Mortgage Loan**

\_\_\_\_\_  
Lender Name

\_\_\_\_\_  
Lender Phone #

\_\_\_\_\_  
Loan #

\_\_\_\_\_  
Lender Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### **2<sup>nd</sup> Mortgage Loan**

\_\_\_\_\_  
Lender Name

\_\_\_\_\_  
Lender Phone #

\_\_\_\_\_  
Loan #

\_\_\_\_\_  
Lender Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Note: If this is an Equity Line of Credit, you must close this account with the lender yourself and freeze the account.**

This is your authorization to release the information requested as soon as possible to **Crossroads Title** who is handling the transaction.

We need Payoff figures for the above loan **THROUGH AND INCLUDING** \_\_\_\_\_ along with the daily per-diem and any tax information (if an escrow account has been established.)

### **Homeowners/Condominium Association Data**

\_\_\_\_\_  
Association Treasurer Name

\_\_\_\_\_  
Phone No.

\$ \_\_\_\_\_  
Dues Amount

Dues Paid

Annually

Quarterly

Monthly

Please send the above information to:

Crossroads Title Agency  
5444 State St., Ste. 2  
Saginaw, MI 48603  
(989) 249-7334 Fax (989) 249-8090

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date