

Authorization to Release Information (Loan Payoffs) #IN_____

In regards to the Sale of my property shown below, I/we hereby authorize Greater Indiana Title
Company to obtain any and all information, which is necessary in processing the sale of my
current home/property located at:

current home/property located at:	
Street Address:	
City/State:	
Further information that may be necessary to re requested on our behalf:	equest a payoff statement, which I/we are allowing to be
Name of Mortgage Company:	
Address for Payments:	
.oan/Account Number:	Current Loan Balance: \$
Phone Number for Mortgage Company: ()
Nebsite or Email Address:	
original executed form. By signing this do	this document will serve as authorization as well as cument I/we understand that we are giving our ompany request this information on our behalf. Date:
<	X
Print Name:	Print Name:
SSN:	SSN:
Date of Birth:/	Date of Birth://
When completed, please email t	his form to greaterindianaclosings@gitc.com
Thank you for choosing	Greater as your title services provide Indiana