



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:

Street Address: _____

City/State: _____

Further information that may be necessary to request a payoff statement, which I/we are allowing to be requested on our behalf:

Name of Mortgage Company: _____

Address for Payments: _____

Loan/Account Number: _____ **Current Loan Balance:** \$ _____

Phone Number for Mortgage Company: (_____) _____ - _____

Website or Email Address: _____

It is understood that a photocopy/scan of this document will serve as authorization as well as the original executed form. By signing this document I/we understand that we are giving our permission to have Greater Indiana Title Company request this information on our behalf.

Date: _____

Date: _____

X _____

X _____

Print Name: _____

Print Name: _____

SSN: _____ - _____ - _____

SSN: _____ - _____ - _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

When completed, please email this form to greaterindianaclosings@gitc.com

Thank you for choosing



as your title services provider.