



**132 W. Main
Lewisville, TX 75057
P - (972) 436-8141
F - 972-436-8712**

ATTN: PAYOFF DEPARTMENT

FAX: _____

FAX PAYOFF REQUEST

Mortgage Company: _____

Loan Number(s): _____

Borrower's Name: _____

Borrower's SS#: _____

Property Address: _____

GF# _____

Date Payoff Needed Through: _____

Please Fax Payoff information back to:

Freedom Title

132 W. Main

Lewisville, TX 75057

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F.972-436-8712

I (We) hereby give my (our) permission to speak with and disclose financial records pertaining to the loan or debt to **Freedom Title** and each of their respective assigns, associations, employees or agents. A facsimile copy of this document may serve with all the rights and legalities as an original. **This will include payoff of our current mortgage loan.** You are hereby authorized to provide the requested information to Freedom Title Company.

[Name]

[Name]