

SELLERS/BORROWERS AUTHORIZATION FORM

Customer Name: _____

Property Address: _____

Lender/Bank Name: _____

Lender/Bank Phone Number: _____

Loan/Account Number: _____

Social Security Number (REQUIRED): _____

ALL INFORMATION MUST BE FILLED IN FOR EACH LOAN (ATTACH ADDITIONAL SHEET IF NEEDED)

I/we hereby authorize the release of any payoff and/or loan information to any employee at Legends Title Services, LLC, fax number 715-514-3716

Signed and dated this ____ day of _____, _____

_____ (signature)

_____ (print name)

Customers address after closing: _____

Phone Number: _____