



AUTHORIZATION FOR
PAYOFF STATEMENT REQUEST

ATTENTION: **PAYOFF DEPARTMENT**

TO: _____

DATE: _____

FROM: **KANSAS SECURED TITLE ~ SEDGWICK COUNTY**

RE: PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

LOAN NUMBER: _____

FIGURE PAYOFF, WITH PER DIEM, THROUGH: _____

CLOSING DATE:

I hereby authorize the release of information on my mortgage account to Kansas Secured Title.

OWNER SIGNATURE

X _____

X _____

SSN: _____

SSN: _____

Please send us a written payoff statement on the above referenced mortgage. We will need the payoff prior to the indicated "closing date".

Please note if this account is being escrowed for insurance and taxes. If so, state if taxes and insurance have been paid current. Please indicate the amount and the date last paid.

**Please fax the statement with the requested information to my attention at (316) 682-0080.
Thank you in advance for your time.**

Sincerely,

Amanda Flower
Kansas Secured Title