

PAYOFF AUTHORIZATION

BORROWER NAME(S): _____

LAST FOUR OF SOC. SEC. #(s): _____

PROPERTY ADDRESS: _____

**NAME AND
TELEPHONE # OF
LENDER** _____

LOAN NO.: _____

**NAME AND
TELEPHONE # OF
LENDER** _____

LOAN NO.: _____

I/We the undersigned hereby authorize Law Office of David Carney and/or its agents to request and receive payoff quotes and information from our current mortgage servicer. I/We confirm and ratify said actions of Law Office of David Carney as if I/We were personally present in connection with said actions.

Borrower:

Borrower:

**Please fax or this statement to: David Carney Fax No.: 603-898-3969
Or email at david@carneytitle.com**

If you have any questions or problems regarding this authorization, please call David Carney at 603-898-3933.