

To: _____ Fax _____ - _____ - _____

Of: _____

Attention: **Payoff and/or Homeowners Assistance Department**

Date ____/____/____

ACCOUNT NUMBER: _____

Lender: _____

Owners Name: _____

Property Address: _____

Estimated closing date: _____

I hereby authorize my WebMLS real estate agent(s) _____

& _____

to have full access to my above account(s) for the above property.

Please fax payoff statements, forms, etc, including per diem, to my agent(s):

Fax # (_____) _____

Direct # (_____) _____

Address _____

City _____ State _____ Zip _____

X _____ X _____

Owners Signature(s)
