



**PARTNERS
TITLE**

Partners Title Agency, LLC

5905 S. Main Street, Suite B, Clarkston, Michigan 48346 , Phone:(248)625-1799 Fax: (866)279-5702

**AUTHORIZATION TO RELEASE INFORMATION
(Mortgage Payoff/Assumption)**

File Number:

Date:

Property Address:

To:

Loan Number:

This is to advise that the above subject property has (a) been sold OR (b) will be refinanced and at the closing the:

- Mortgage** you hold will be:
 - Paid in Full** -- please provide payoff figures as of , with daily rate and tax information.
 - Assumed by the purchaser** -- please provide assumption package.
 - Neither** -- letter as to balance and current status only is required (for Land Contract sale).
- Land Contract** held or collected by you will be:

***We are requesting the amount needed to satisfy the mortgage and enable you to provide a complete discharge of the mortgage of the property described on the attached Exhibit A and recorded in Liber , Page .**

Equity Line or Credit Mortgage:

- "Close" or "Freeze" this account and issue payoff figures as of . Outstanding checks, and/or Visa Card(s) are voided and attached. Upon receipt of payoff funds, please issue a Discharge of Mortgage.

This is your authorization to release the information requested above as soon as possible to the escrow agent handling the closing as shown below:

Partners Title Agency, LLC
 5905 South Main Street, Suite B, Clarkston, Michigan 48346
 Attn: Escrow Department Phone:(248)625-1799 **Fax: (866)279-5702**
 Escrow Agent Contact:

Thank you for your assistance:

Sincerely,

Social Security Number(s): _____