



### AUTHORIZATION TO USE ESCROW FUNDS TO PAYOFF LOAN

Please note escrow balance must be more than balance due on payoff quote.

Date: \_\_\_\_\_

Borrower Information	
Name(s): _____ _____	Address: _____ _____
Loan Number: _____	Property Address (if different from above): _____
Requested Date of Payoff: _____ (Must be within 30 Business Days)	_____ _____
Requestor Information - Complete For Third Party Requests	
Company Name: _____	Address: _____
Contact Name: _____	_____
Phone #: _____	Fax #: _____
Loan Information:	
Escrow Balance: _____	Payoff Amount: _____

### Borrower Authorization

\_\_\_\_\_ I (we) hereby authorize Associated Bank to use the funds in my (our) escrow account on the above-referenced account to pay off the loan.

\_\_\_\_\_ I (we) understand that any tax and insurance amounts that are due are my (our) responsibility.

\_\_\_\_\_  
**Borrower Signature**

\_\_\_\_\_  
**Co-Borrower Signature**

### Return signed form to:

Associated Bank, ATTN: Cashiering MS 7702  
1305 Main Street  
Stevens Point, WI 54481  
Fax # 715-345-4437  
[CashieringDepartment@AssociatedBank.com](mailto:CashieringDepartment@AssociatedBank.com)