



payoffdepartment@associatedbank.com

Third Party Originations

BORROWER'S AUTHORIZATION TO PROVIDE LOAN PAYOFF QUOTE TO A THIRD PARTY

Date: _____

| | |
|---|--|
| Requestor Information: Company Name: _____ Address: _____ Contact Name: _____ Phone #: _____ Fax #: _____ Email: _____ The payoff statement will be emailed, faxed or mailed to the requestor normally within 24 hours, but no more than 7 business days. | Borrower Information: Name(s): _____ Address: _____ Property Address (if different from above): _____ Loan Number: _____ Date of Payoff: _____ (Must be a Business Day) |
| Reason for Payoff (must select one): <input type="checkbox"/> Selling Property <input type="checkbox"/> Refinance with another Lender <input type="checkbox"/> Own Funds <input type="checkbox"/> Refinance with Associated Bank – netting escrow is allowed | |

Borrower Authorization

I hereby authorize Associated Bank to provide a written payoff statement on the above-referenced account to the Requestor listed above. I further authorize Associated Bank to close this account to any future advances if it is a revolving line of credit.

If applicable, I authorize Associated Bank to deduct the escrow amount from the payoff quote. ☐ **Yes** ☐ **No**

Borrower or Co-Borrower Signature