



**Andrew Horan
Closing and
Title Services, LLC**

536 N. Richmond St., Suite 16
Appleton, WI 54911
920-733-4900
920-733-4901 Fax
closings@ahclosings.com

This is a FIRST MORTGAGE _____ SECOND MORTGAGE _____ (check one)

NAME OF LENDER _____

LENDER'S ADDRESS _____

LENDER'S PHONE NUMBER _____

LOAN ACCOUNT NUMBER _____

BORROWER _____

BORROWER'S SOCIAL SECURITY NUMBER: _____

CO-BORROWER _____

CO-BORROWER'S SOCIAL SECURITY NUMBER _____

PROPERTY ADDRESS _____

The undersigned hereby authorize ANDREW HORAN CLOSING AND TITLE SERVICES, LLC to obtain payoff information for the above-referenced mortgage in regards to the sale/refinance of the afore-mentioned property. Please include a per-diem on the payoff statement. The written payoff statement is needed as soon as possible, and should be faxed to 920-733-4901 or emailed to closings@ahclosings.com. In addition, the undersigned directs the loan servicer to cooperate fully in providing timely and accurate payoff information as requested.

Borrower

Borrower