

Mortgage Payoff Form Checklist

Please use this form to request a Mortgage Payoff.

To speed the processing of your request, please follow these steps:

- 1. Complete the Payoff Request Form in its entirety. UNSIGNED or incomplete requests will not be processed.
- 2. Send your completed Payoff Request Form to DCU in one of two ways:
 - Fax your completed form to: 866.947.1289

OR

· Mail your completed form to:

Digital Federal Credit Union Attn: Mortgage Servicing 220 Donald Lynch Boulevard P. O. Box 9130 Marlborough, MA 01752

What you can expect

Once you have submitted your completed form, allow three business days for the payoff figures to be computed and faxed to you.

Phone requests will not be processed.



Digital Federal Credit Union • 220 Donald Lynch Blvd. PO Box 9130 • Marlborough, MA 01752-9130

508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

FAX COMPLETED FORM TO:	MORTGAGE SERVICING FAX: 866.947.1289
Company/Attorney Name:	Contact:
Telephone #:()	Fax #:()
Borrower:	
Co-Borrower:	
Subject address:	
Proposed Closing Date:	(No further than 30 days in advance)
Account #:	SX#
Account #:	SX#
Account #:	SX#
Please check below:	
PLEASE NOTE: All Tax disbursements will be ma	Escrow funds will be frozen until payoff is received. No further tax ade. JITY LINE OF CREDIT (and Fixed Portion(s), if applicable) ng this I understand my credit line will be frozen as of this date and be allowed. I authorize this loan to be CLOSED once the payoff funds
	en issued on this line of credit it will be suspended as of this date. Any authond will change the payoff amount.
I authorize Digital Federal Credit Uninumber(s) indicated	ion to release payoff figures to the above named company/individual for the account
Member's signature:	Date:
***********	********************
	SUBORDINATED I authorize Digital Federal Credit Union to release ned company/individual for the account number(s) indicated once the Subordination nder.
Member's signature	Date