



**Loan Payoff Authorization**

I, \_\_\_\_\_, authorize the release of my loan payoff information to the party indicated below.

Loan (Account) Number(s): \_\_\_\_\_

<p><b>Customer Information (as it appears on your account)</b></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>SSN: _____ - _____ - _____</p>
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**Release Information To:**

Name(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The signature above must match our signature card(s) on file for this account.*

**Return this form by mail or fax to: 618-549-4112 or P.O. Box 2287, Carbondale, IL 62902.**

<p style="text-align: center;"><b>INTERNAL USE ONLY</b></p> <p>Received (Date&amp; Time): _____ By: _____</p> <p>Information Released By (circle one): Phone Fax Mail</p> <p>Released To: _____</p> <p>Date: _____ By: _____</p>
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