

I/ We Prefer to be Contacted as follows:

Phone

Fax

Additional Phone (work, cell, etc.)

Email(s)

HOMEOWNER'S INSURANCE INFORMATION

I/WE HAVE SELECTED THE FOLLOWING HOME OWNER'S INSURANCE PROVIDER:

Name of Agency

Policy Number

Contact Person's Name

Phone

PAYOFF AND CLOSE AUTHORIZATION

I/We authorize and direct _____ (Lender), or its successor in interest or assignee, to provide written payoff information concerning the following loan to Shipley Law Firm, PC, 1925 Gadsden Street, Columbia, South Carolina 29201:

Borrower Name(s): _____

Borrower(s) SS No.: _____

Lender Name: _____

Lender Phone No.: _____

Loan Number: _____

[] The referenced mortgage secures a line of credit. I/We authorize and direct that this line of credit be closed/terminated in such a way that does not allow future advances. Closing and termination of this account shall be effective immediately.

Signature of Borrower

Signature of Co-Borrower (if any)

Date

PAYOFF AND CLOSE AUTHORIZATION

I authorize and direct _____ (Lender) or its successor in interest or assignee to provide written payoff information concerning the following loan to Shipley Law Firm, PC, 1925 Gadsden Street, Columbia, South Carolina 29201:

Borrower Name(s): _____

Borrower(s) SS No.: _____

Lender Name: _____

Lender Phone No.: _____

Loan Number: _____

Signature of Borrower

Signature of Co-Borrower (if any)

Date

OR

Check box, if applicable:

There are no mortgages on my property.

Signature of Borrower

Signature of Co-Borrower (if any)

Date