



**LIBERTY**  
M O R T G A G E

**PAYOFF REQUEST FORM**

Payoff Statement requests are processed within two to three business days from receipt of the request. Phone requests will not be processed. Please provide the information below. If the requestor is NOT the Borrower on the loan, an authorization to communicate with the Requestor must be attached, and signed by all Borrowers.

Please fax the completed Payoff Request Form to 844-829-0962 or you may mail the request to PO BOX 10936 Santa Ana CA 92711 Attn: Payoff Department.

**Requester Information**

Requestor's Name:	
Company Name (if applicable):	
Contact Number:	Fax Number:

**Please Check One:**

<input type="checkbox"/> Send by Mail (Mailing Address):
City, State, Zip:
<input type="checkbox"/> Send by Fax (Fax Number):
<input type="checkbox"/> Send by Email (Email Address):

**Borrower Information:**

Borrower's Name:
Property Address:
City, State, Zip:
Unit Number:
Loan Number:
Payoff Effective Date:
<i>*This date may not be more than 30 days in the future.*</i>

**Signatures:**

\_\_\_\_\_  
Signature of Borrower or Third-party Requestor

\_\_\_\_\_  
Date