



HEARTLAND TITLE

REQUEST FOR MORTGAGE PAYOFF

PLEASE NOTE: Payoffs cannot be ordered without a loan number. Failure to supply all of the information requested can result in delay of your closing.

TO:

FROM:

Mortgage Company/Lender

Borrower/Owner of Real Estate

Street Address or Box Number

Street Address or Box Number

City State Zip

City State Zip

Phone No.: _____

Property Address, if different than
Above:

Fax No.: _____

Loan # _____

Please provide payoff thru: _____

LENDER PLEASE FAX PAYOFF STATEMENT TO:

Heartland Title Services, Inc.
831 W 6th St.
Junction City, Ks 66441

FAX (785) 223-5551

Please supply all information requested herein to Escrow Agent whose name appears above. We have listed the herein property listed for sale and hereby notify you we anticipate paying the mortgage in full within thirty (30) days.

Signature of Owner Date

Signature of Owner Date

Social Security Number

Social Security Number