



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

Borrower

Phone _____

Address of property

Fax # _____

Loan #

Please provide payoff thru: _____

LENDER PLEASE FAX PAYOFF STATEMENT TO:

Heartland Title Services, Inc.
5990 SW 28th St, Suite E
Topeka, KS 66614

FAX (785) 273-7910

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