



### Loan Payoff Authorization

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

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

#### Customer Information (as it appears on your account)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### 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.**

#### INTERNAL USE ONLY

Received (Date& Time): \_\_\_\_\_ By: \_\_\_\_\_

Information Released By (circle one): Phone Fax Mail

Released To: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_