

Mortgage Payoff Form Checklist

Please use this form to request a Mortgage Payoff.

To speed the processing of your request, please follow these steps:

- 1. Complete the Payoff Request Form in its entirety. UNSIGNED or incomplete requests will not be processed.
- 2. Send your completed Payoff Request Form to DCU in one of the following ways:
 - a. Upload the form to DCU in Online Banking Account Manager by selecting Document Sharing/Storage in the left toolbar or
 - b. Fax your completed form to: 866.947.1289 or
 - c. Mail your completed form to:

Digital Federal Credit Union Attn: Mortgage Servicing 220 Donald Lynch Boulevard P. O. Box 9130 Marlborough, MA 01752

What you can expect

Once you have submitted your completed form, allow three business days for the payoff figures to be computed and faxed to you.

Phone requests will not be processed.

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Digital Federal Credit Union • 220 Donald Lynch Blvd. PO Box 9130 • Marlborough, MA 01752-9130

508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

FAX COMPLETED FORM TO:	MORTGAGE SERVICING FAX: 866.947.1289
Company/Attorney Name:	Contact:
Telephone #:()	Fax #:()
Borrower:	
Co-Borrower:	
Subject address:	
Estimated Payoff Date:	(No further than 30 days in advance)
Account #:	SX#
Account #:	SX#
Account #:	SX#
Please check below:	
	N (First Mortgage or Fixed Home Equity) Escrow funds will be frozen until payoff is received. No further tax de.
PLEASE NOTE: by signii	ITY LINE OF CREDIT (and Fixed Portion(s), if applicable) ng this I understand my credit line will be frozen as of this date and be allowed. I authorize this loan to be CLOSED once the payoff
	en issued on this line of credit it will be suspended as of this date. Any ine and will change the payoff amount.
I authorize Digital Federal Credit Unionumber(s) indicated	on to release payoff figures to the above named company/individual for the accoun
Member's signature:	Date:
*********	***********************
	SUBORDINATED I authorize Digital Federal Credit Union to release ed company/individual for the account number(s) indicated once the Subordination der.

_Date____

Member's signature_____