payoffdepartment@associatedbank.com
or Fax # 715-345-4224

Third Party Originations

# BORROWER'S AUTHORIZATION TO PROVIDE LOAN PAYOFF QUOTE TO A THIRD PARTY

Date: _____

| **Requestor Information:** | **Borrower Information:** |
|---|---|
| Company Name: _____<br>Address: _____<br>_____<br><br>Contact Name: _____<br>Phone #: _____<br>Fax #: _____<br><br>The payoff statement will be faxed or mailed to the requestor normally within 24 hours, but no more than 7 business days | Name(s): _____<br>_____<br>Address: _____<br>_____<br>Property Address (if different from above):<br>_____<br>_____<br>**Loan Number:** _____<br><br>**Date of Payoff:** _____<br>(Must be a Business Day) |

**Reason for Payoff (must select one):**

- ☐ Selling Property
- ☐ Own Funds
- ☐ Refinance with another Lender
- ☐ Refinance with Associated Bank – netting escrow is allowed

## Borrower Authorization

I hereby authorize Associated Bank to provide a written payoff statement on the above-referenced account to the Requestor listed above. I further authorize Associated Bank to close this account to any future advances if it is a revolving line of credit.

If applicable, I authorize Associated Bank to deduct the escrow amount from the payoff quote. ☐ **Yes** ☐ **No**

_____
**Borrower or Co-Borrower Signature**

(Rev. 02/17)