



### Third Party Authorization - Payoff and Document Request Form

Trustmark National Bank - Mortgage Loan Number

Borrower First Name

Borrower Last Name

Co-borrower First Name

Co-borrower Last Name

Property Address

City

State

Zip Code

Third Party Name

Relationship to Customer

\*Authorization will expire in 90 days.

Address

City

State

Zip Code

Daytime Phone

Fax

E-mail Address

If you would like to request a Payoff Statement at this time, please complete the following and return by either email at: [payoffmtgrequest@trustmark.com](mailto:payoffmtgrequest@trustmark.com) or by fax: 1-601-208-1603.

☐ Payoff Statement as of Date: \_\_\_\_\_

Please indicate delivery option:

- ☐ Email  
☐ Fax  
☐ Mail

Please indicate the payoff reasons:

- ☐ Refinancing with Trustmark National Bank  
☐ Refinancing with another company  
☐ Sale of Property

\*Processing time for a payoff request received by email or fax is 24-48 hours. A \$5.00 fax fee will be assessed to the borrower's loan.

If you would like to request one of the following documents at this time, please complete the following and return by fax at: 1-601-208-1603 or by mail to the address at the bottom of this form:

☐ Verification of Mortgage-VOM ☐ Payment History ☐ Other: \_\_\_\_\_

Includes a 12 month payment history

\*Processing time for a Verification of Mortgage or Payment History request 3 business days. There is a \$20.00 fee for a VOM

I authorize the third party listed above to obtain any information on my above referenced mortgage loan account with Trustmark National Bank, I further acknowledge and agree that the applicable fees may be assessed to my account as a result of the third party's request. Fees may be charged per item, per request and are subject to change. My signature approves both the authorization of the third party and the acknowledgement of any applicable fees.

\* This authorization will expire in 90 days or sooner if revoked by me.

Borrower Signature

Date

Co-borrower Signature

Date

Please mail the completed form to:

Trustmark National Bank  
Attn: Document Request  
P.O. Box 522  
Jackson, MS 39205

Please fax the completed form to:

1-601-208-1603

*People you trust.*  
*Advice that works.*

