

**BORROWER'S PAYOFF AUTHORIZATION**

**HARVEST TITLE & ESCROW**

20 Courthouse Square, Suite 218  
Rockville, MD 20850  
[P] 301-545-1100 | [F] 301-545-0400

RE: Mortgage/Lienholder Name: \_\_\_\_\_

Reference Loan/Account No.: \_\_\_\_\_

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

The undersigned authorizes Harvest Title & Escrow, LLC to receive any payoff information with regard to my/our loan set forth above and further authorizes Harvest Title & Escrow, LLC to obtain payoff information or releases from the holder of any liens, encumbrances or mortgages.

Please send the payoff statement to closing department at the office shown above to payoff the loan in full as of \_\_\_\_\_, 20\_\_\_\_\_. Please include a per diem amount in the payoff statement.

FOR HOME EQUITY LINE OF CREDIT, by signing this I understand my credit line will be frozen as of this date and no further advances will be allowed. I authorize this loan to be CLOSED once the payoff funds are received.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SEND THE PAYOFF INFORMATION TO HAVERST TITLE & ESCROW VIA:**

Email: closings@harvest-title.com  
Fax Number: (301) 545-0400 or (240)-778-6858  
Mailing Address: 20 Courthouse Square  
Suite 218  
Rockville, MD 20850