

**PAYOFF AUTHORIZATION**

Effective on December 15, 1989, federally chartered savings and loan associations and savings banks were required to obtain an authorization in writing from a customer in order to disclose payoff figures (FHLBE Reg. 89-2350).

To receive payoff figures, Atlas Title, LLC must be in receipt of the mortgagors consent form listing each lender holding a mortgage, equity line of credit, equity mortgage secured by the above-referenced property address. Please be sure to list the address(es) to which you currently make your payments.

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

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

Lender Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Loan: \_\_\_\_\_ (i.e. Conventional, FHA,VA, Home Equity, Commercial)

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

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

Lender Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Loan: \_\_\_\_\_ (i.e. Conventional, FHA,VA, Home Equity, Commercial)

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

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

Lender Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Loan: \_\_\_\_\_ (i.e. Conventional, FHA,VA, Home Equity, Commercial)

I/We hereby authorize and consent the above-named Lender(s) to release information to Atlas Title, LLC regarding payoff figures for the above-referenced accounts and understand that I/We may withdraw such authorization and consent at any time by notifying said institution in writing.

\_\_\_\_\_  
SS# \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ Signature \_\_\_\_\_

I, as agent for Atlas Title, LLC, agree to use information regarding the above-referenced accounts for the sole purpose of satisfying the above-referenced lien(s) in full. I receive and hold in confidence any and all information other than for the purpose stated above or to make any disclosure of information to a third party, except as permitted by the law and regulations.

Atlas Title, LLC

**ATPayAth**



# Atlas Title, LLC

903 Central Avenue • Dover, NH 03820 • Tel: (603) 743-0900 • Fax: (603) 743-1414

We are pleased to inform you that ATLAS TITLE, LLC has been chosen by **your lender** to conduct the real estate closing for your refinance of the above-referenced property. To ensure a smooth transaction, we have set forth certain requirements for closing.

So we may better serve you, we would appreciate your assistance in providing the information requested on the attached "Borrower Information Sheet" **AS SOON AS POSSIBLE**. Please take a moment to complete the form and return it to us in the envelope provided. If you prefer, you may fax it to Atlas Title at 603-743-1414.

## **ON CLOSING DAY YOU WILL NEED TO BRING:**

**Bank check in an amount to be determined (if needed) payable to ATLAS TITLE, LLC.**

**Two Forms of Identification, one must be a photo ID (i.e. Driver's License, Passport). It is our obligation to confirm your identity for notary purposes.**

**If we are paying off any credit cards, loans, etc you must provide us with recent statements showing names, addresses and payoff amounts at the time of closing if not before.**

**NOTE: All borrowers must be present at closing unless arrangements are made with the lender in advance.**

ATLAS TITLE, LLC is committed to providing quality closing services and will make every effort to ensure your transaction is completed professionally and accurately. Once **Laconia Savings Bank** informs us that your loan is ready to close, we will contact you to schedule a closing date and time. We look forward to making your refinance a smooth and enjoyable experience. Please do not hesitate to email or call me with any questions or concerns.

Very truly yours,

Atlas Title, LLC  
Fax 603-743-1414  
Tel 603-743-0900



# Atlas Title, LLC

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Please complete this questionnaire and fax it to 603-743-1414 or mail it as **soon as possible** to:

**Atlas Title, LLC**  
**903 Central Avenue, Suite 5**  
**Dover, NH 03820**

BORROWER 1 NAME: \_\_\_\_\_ SS# \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

E-Mail: \_\_\_\_\_

BORROWER 2 NAME: \_\_\_\_\_ SS# \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**MORTGAGE INFORMATION** - mortgages, equity lines of credit, equity mortgages you are currently paying on this property only, NOT your new lender. (Use back of this form for multiple mortgages.).

Name of Lender \_\_\_\_\_ Account # \_\_\_\_\_ FHA? YES/NO

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**PRIVATE (NON BANK) MORTGAGE:**

Name of Mortgagee \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Account #/Contact Person \_\_\_\_\_

**TAX INFORMATION:**

Current Annual Property Tax \$ \_\_\_\_\_ Are taxes paid Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_

Paid YES \_\_\_\_\_ NO \_\_\_\_\_ Please attach copy of your last paid tax bill.

**IS THE PROPERTY SERVICED BY MUNICIPAL WATER \_\_\_\_\_ SEWER \_\_\_\_\_**

**\*HAVE YOU MADE ANY IMPROVEMENTS ON YOUR PROPERTY IN THE LAST THREE (3) YEARS?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**HOMEOWNERS INSURANCE INFORMATION**

AGENT NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

Yearly Homeowners Insurance Premium: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Policy #: \_\_\_\_\_

**IF CONDOMINIUM:** Name & Number of Association: \_\_\_\_\_

Company name and number that holds insurance certificate: \_\_\_\_\_

**ATRefQst**