



COAST TITLE & ESCROW, INC.

522 West Wishkah Street • P.O. Box 287 • Aberdeen, Wa 98520

Phone: (360) 532-0330 • Escrow Fax: (360) 532-5657 • Title Fax: (360) 533-7976

Loan Payoff Request Authorization

In order to start your escrow, please complete this form and return it to us as soon as possible. Please fill in where you make your current house payment (**1st Mortgage**). If you have a **line of credit**, or similar type loan, please fill in **2nd Mortgage**. If it is a contract with a private party, but paid at a **contract collection** agency, please provide information for both. If this is a **mobile home**, please send us a copy of the title or registration along with this form.

1st Mtg: _____ **Loan#** _____

Add/City/State/Zip: _____

Phone# _____ **Fax#** _____

2nd Mtg: _____ **Loan#** _____

Add/City/State/Zip: _____

Phone# _____ **Fax#** _____

We authorize the above to provide requested information to Coast Title & Escrow.

Seller Signature Date

Seller Signature Date

Social Security # _____ Social Security # _____

Home# _____ Work# _____ Work# _____