



PAYOFF REQUEST

Email completed form to payoff@ovationservicing.com

Fax form to 866.457.7797

Please complete fully

Account Information

Name(s) of Customer _____

Account Number _____

Last Four Digits of Primary Borrower's SSN: _____

Property Address _____

Requestor Information

Requestor: _____

Reason you are authorized to receive a payoff: _____

(Lienholders & other third parties must attach proper documentation.)

Address for Correspondence *(Where shall we send the Payoff Quote):*

(E-mail address acceptable) _____

Payoff Expiration Date: _____

(Date you anticipate funds will be received at Ovation Services.)

Signature: _____ Date: _____

(If sending via email – save paper and don't print this form! Typing your email address is sufficient for a signature.)

Instructions for sending payoff funds will be included in the payoff quote and may change depending on account circumstances. Payoff funds received after the expiration of the payoff quote will accrue additional interest. Liens will not be released until the account is paid in full and funds are confirmed.

If you have questions, please contact us at 866.991.8259