

Mortgage Payoff Statement Request

**Required fields*

Date*

Name(s)*

Mortgage Loan Number (include the 700 number suffix)*

Property Street Address*

City/State/ZIP*

Social Security Number(s)*

Please issue a written payoff statement good through the date of _____ for the above mentioned mortgage loan.

Company Name*

Attention*

Fax Number*

Phone Number*

Borrower

Borrower

Instructions

1. Complete form.
2. Print and sign form.
3. Fax form to:
CEFCU Mortgage Department
309.633.3667



MtgPayoffW (09/14)



Federally Insured by NCUA