

PAYOFF REQUEST FORM



I (We) _____ authorize CrossCountry Mortgage, LLC ("CrossCountry Mortgage") to provide a payoff quote to _____ representing the amount required to satisfy my (our) loan in full.

Loan Number: _____

Borrower Name: _____ Last four digits of SSN: _____

Co-Borrower Name: _____ Last four digits of SSN: _____

Payoff Good Through Date: _____

Property Address: _____
Street, City, State, and Zip Code

Signature(s): _____
Borrower Co-Borrower

Home Equity Lines of Credit Only

Upon payment of my (our) loan in full, please close the line of credit and release the lien.

Borrower's Signature(s): _____

Co-Borrower's Signature(s): _____

Please provide instructions to return payoff quote:

Email: _____

Fax: _____

Mailing Address: _____
Street, City, State, and Zip Code

Send the completed form to:

Email: PayoffRequest@YouAreHome.com

Fax Toll Free: 702.940.5745

Mailing Address: CrossCountry Mortgage, LLC
P.O. Box 19409
Charlotte, NC 28219-9409