



# *Attorney Partner Settlement Services, L.P.*

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## PAYOFF AUTHORIZATION FORM

I authorize Glenn Bartifay, Robin Mastalski, and Penny Smith of Attorney Partner Settlement Services, L.P. to obtain the payoff for the following account:

Name of Creditor: \_\_\_\_\_

Account No.: \_\_\_\_\_

Telephone No. of Creditor: \_\_\_\_\_

Name of Borrower 1: \_\_\_\_\_

Name of Borrower 2: \_\_\_\_\_

Last 4 Digits of SSN for Borrower 1: \_\_\_\_\_

Last 4 Digits of SSN for Borrower 2: \_\_\_\_\_

Borrower's Address: \_\_\_\_\_

Property Address (if different than Borrower's Address): \_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Borrower 1

\_\_\_\_\_  
Signature of Borrower 2

Note: Please provide a copy of the most recent statement. Thank you!