Loan Payoff Request Form:

Please fill out form, front & back and mail to address below.

Mail to:
Metro Credit Union
Att: Mortgage Servicing, 200 Revere Beach Parkway P.O. Box 9100, Chelsea, MA 02150-9100

From:	Telephone Number:
Please prepare a payoff quote according to the following information. I understand that this request must be accompanied by written authorization from the borrower, and that the request and borrower authorization must be complete and accurate in order for me to receive a payoff statement. I understand that the payoff statement will be sent within (7) business days from Metro receipt date.	

Request Date:		
Please Check One:	☐ Sale of Property	☐ Refinance Lender Name:

Please Complete Contact Information:
Requestor's Name:
Law Firm/Settlement Agent:
Telephone Number:

Please Check One:	
☐ Send by Mail (Mailing Address):	
City, State, Zip:	
☐ Send by Fax (Fax Number):	☐ Email:

Please Complete Borrower Information:	
Borrower's Name:	
Property Address:	
City, State, Zip:	
Account Number:	
Payoff Date:	*(This date may not be more than 30 days in the future. Please be advised that payoff statements will expire 30 days from the date of request.)*

Statement of Confidentiality
This facsimile contains information, intended only for the person(s) named above, which may also be privileged. Any use, distribution, copying or disclosure by any other person is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original transmission to us by mail without making a copy. Our telephone number and address are indicated below.

Borrower Authorization for Payoff:

To the Borrower:
Metro Credit Union will only release a mortgage payoff statement to the borrower or a person acting with written authorization (third party request). If you are requesting a payoff statement for yourself (to be sent to you), please complete and sign section 1. If you are authorizing another person or company to request statement, please complete and sign section 2.

1. Borrower Request

I, _____, certify that I am the person whose name appears below and that I am a borrower on the following account(s):

Please print or type account number(s) here:

I hereby request Metro Credit Union to release payoff information to me at the contact information on the attached Payoff Request Form.

Signed:	Date:

Please Print Name:

2. Borrower Authorization

I, _____, certify that I am the person whose name appears below and that I am a borrower on the following account(s):

Please print or type account number(s) here:

I hereby authorize the following person(s) and/or company to obtain a payoff statement for any of the above accounts:

Please print or type account number(s) here:

I authorize Metro Credit Union to release said information to the contact information on the attached Payoff Request Form. This authorization will remain in effect for 30 days. I understand that I may revoke this authorization at any time before the payoff information is disclosed, in writing, by mail, fax or e-mail. I further agree to release Metro Credit Union from any liability for providing this information.

Signed:	Date:

Please Print Name: