



ALL TITLE SERVICES, INC.

3452 Oakwood Hills Parkway, Suite 1, Eau Claire, WI 54701
715.838.9016 Phone 715.838.9023 Fax

AUTHORIZATION FORM

Customer Name: _____

Property Address: _____

Lender/Bank Name: _____

Lender/Bank Phone #: _____

Loan/Account Number: _____

REQUIRED

Social Security Number: _____

REQUIRED

**ALL INFORMATION MUST BE FILLED IN FOR EACH LOAN
(ATTACH ADDITIONAL SHEET IF NEEDED)**

**I/We, hereby authorize the release of any payoff and/or loan
information to any employee at ALL TITLE SERVICES, INC.
Please net any escrow balance from the payoff amount**

Signed and dated this _____ day of _____, _____

(Signature)

(Signature)

Customers address after closing:

Phone number: