

SELLERS/BORROWERS AUTHORIZATION FORM

CLIENT'S NAME: _____

PROPERTY ADDRESS: _____

LENDER/BANK NAME: _____

LENDER/BANK PHONE: _____

LOAN/ACT NUMBER (REQUIRED): _____

SOCIAL SECURITY NUMBER (REQUIRED): _____

ALL INFORMATION MUST BE FILLED IN FOR EACH LOAN
ATTACH ADDITIONAL AUTHORIZATION FORMS IF NECESSARY.

I/We hereby authorize the release of any payoff and/or loan information to any employee at:

Vinopal Title and Abstract, LLC 1030 Regis Court, Eau Claire, WI 54701 Phone: 715-831-0880 Fax: 715-831-0882 Agentinfo@vinopaltitle.com	Vinopal Title and Abstract, LLC 2303 Schneider Avenue, Suite 210 Menomonie, WI 54751 Phone: 715-309-4013 Fax: 715-309-4016 vtamenonomie@vinopaltitle.com	Vinopal Title and Abstract 407 W. Knapp Street Rice Lake, WI 54868 Phone: 715-736-4882 Fax: 715-736-7474 vtaricelake@vinopaltitle.com
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Signed and dated this _____ day of _____, 20_____

Client's signature (required)

Client's address after closing: _____

Client's phone number: (_____) _____