

WEAN & MALCHOW, P.A.

646 East Colonial Drive
Orlando, Florida 32803

Tel: 407-999-7780
Fax: 407-999-5291

PAYOFF / ESTOPPEL REQUEST FORM

Instructions: Fully complete **all** information requested below, then return the completed form and the required attachment(s) to us by fax (only).

FAX TO: (407) 999-5291

Name of Community Association where property located: _____

Property Address: _____

Name of Property Owner(s) _____

Sale? Circle One Yes No

Refinance? Circle One Yes No

Date of Closing (if applicable): _____

Requested "Good Thru" Date of Payoff Figures _____

W-9 Form Required? Circle One Yes No

Company or Person Requesting Payoff/Estoppel: _____

Contact Person if different: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact E-Mail: _____

Notes or Comments: _____

The following forms **MUST** accompany your request:

 ** **Borrower Authorization to Release Financial Information (Needed from current owner(s) authorizing us to release this information to you. Sample consumer form is attached.)**

 ** **Copy of Certificate of Title (Needed if Bank/Mortgage holder has taken title to property)**

PLEASE NOTE that payoffs will be processed in the order received. Once all documentation is received, payoffs will be provided within seven business days.

IMPORTANT: IF YOU DO NOT RECEIVE ALL PAGES, PLEASE PHONE US IMMEDIATELY. This message is intended only for the individual or entity to which It is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee, or the employee or agent responsible for delivering the message to the addressee, you are notified that dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by collect telephone call. We will reimburse you for your cost in returning the original message to us at the above address via the Postal Service. THANK YOU.

**SAMPLE CONSUMER
AUTHORIZATION TO RELEASE FINANCIAL INFORMATION**

I/We _____, being all of the owners
(Enter names of all owners)

of the property located at _____, Florida 3_____,
(Enter street address, city and zip code)

hereby authorize the law firm of WEAN & MALCHOW, P.A. to release financial information to

(Enter name of person(s) and/or financial institution authorized to receive financial information)

related to all amounts due and owing of the foregoing property to the persons and institutions listed in this authorization to release financial information. This authorization may be revoked by the undersigned in writing at any time, but the authorization shall continue until the revocation is actually received by WEAN & MALCHOW, P.A.

Dated: _____, 20__

Signature of Property Owner

Print name

Dated: _____, 20__

Signature of Property Owner

Print name

Dated: _____, 20__

Signature of Property Owner

Print name