



# SLEPIAN, SCHWARTZ AND LANDGAARD

ATTORNEYS AT LAW

## SELLER AUTHORIZATION FORM

FILE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

ESTIMATED CLOSING DATE: \_\_\_\_\_

LISTING AGENT: \_\_\_\_\_

FAX: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

RE: PAYOFF AUTHORIZATION

1<sup>st</sup> MORTGAGE COMPANY: \_\_\_\_\_

Phone Number for 1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Social Security Numbers: \_\_\_\_\_

2nd MORTGAGE COMPANY: \_\_\_\_\_

Phone Number for 1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Social Security Numbers: \_\_\_\_\_

I/We authorize Slepien, Schwartz and Landgaard, LLC to obtain any information regarding the above-referenced mortgage/equity line, including obtaining a payoff.

\_\_\_\_\_  
Seller 1 Signature

\_\_\_\_\_  
Seller 2 Signature

**Pre-Closers Name:**

Please fax or email this form (ALONG WITH THE SELLER INFORMATION FORM) signed by the seller ASAP to 770.631.2340 or [closing@slepianfirm.com](mailto:closing@slepianfirm.com). This will help us close the payoff and close this transaction in a more timely and efficient manner. Thank you for your help!