Date:	
Title No.:	_
Premises:	_
Mortgagors:	<u> </u>
Mortgage No.:	
Attention: Pay-off Department Amount of Check:\$	
Check Numbers:	
Dear Sir/Madam,	
statement is also enclosed. If for any reason the	te payment of the above captioned mortgage. A copy of your pay-off e enclosed check(s) are not sufficient to pay off the loan in full, you payment and apply any escrow funds to the shortage.
send the Satisfaction of Mortgage to the mortga	Intracoastal Abstract Co., Inc. at the above address. Please do not agor's attorney, however if the payoff bank is collecting a recording tion should be sent directly to the county clerk or city register's office
Kindly insert the title number on all satisfaction p	papers. Any escrow balances, overpayments, and/or unapplied funds
should be returned to the mortgagor or mortgago	or's attorney.
Authoriza	ation To Close Line of Cre dit
of this signed authorization and payment of the b	red credit line is to be closed upon the banks receipt and processing balance in full. Further, the undersigned understands that the right to checks, credit card transactions or automatic deductions will be
*11 the referenced Credit Line is to be paid down and not closed out, Cl	closer must strike above language and "EXCEPT" mortgage from title policy
The undersigned Mortgagor hereby grants authorization to Intracoastal Abstract Co., Inc. to act on behalf of the Mortgagor(s) with payoff bank in the event funds delivered to payoff bank are insufficient to satisfy the loan in question. The Mortgagor(s) also authorize the payoff bank to release any pertinent loan information that is necessary to satisfy the loan in question. Sincerely Yours, Seller(s) Forwarding Information	
Title Closer (print name)	
·	
Mortgagor('s) authorization	
- Mortgagor('s) authorization	