

Please use this form to request a Mortgage / Home Equity / Home Improvement Loan Payoff. To speed the processing of your request, please follow these steps:

- Complete the Payoff Request Form in its entirety. UNSIGNED or incomplete requests cannot be processed.
- Send your completed Payoff Request Form to Austin Telco in one of two ways:
 - Fax your completed form to: 512-302-3333 or 800-252-1410 or
 - Mail your completed form to: Austin Telco FCU • Attn: Mtg Payoff Dept. • 8929 Shoal Creek Blvd • Austin, Tx 78757

Once you have submitted your completed form, please allow three business days for the payoff figures to be computed and returned to you. Phone requests cannot be processed.

Payoff Contact Information

| | |
|--|--|
| Requestor's Name: _____ | Law Firm/Settlement Agent: _____ |
| Phone Number: _____ | Purpose: <input type="checkbox"/> Sale of Property <input type="checkbox"/> Refinance <input type="checkbox"/> Other _____ |
| Send Payoff by: <input type="checkbox"/> Fax _____ <input type="checkbox"/> Mail _____ | |

Borrower Information

| | |
|-------------------------|--|
| Borrower's Name: _____ | Account Number: _____ |
| Property Address: _____ | |
| Payoff Date: _____ | Please note: payoff date may not be more than 30 days in the future. |

Borrower Request for Payoff

I, _____, certify that I am the person whose name appears below and that I am a borrower on the following account(s): _____.

Please Print Name: _____

| | |
|---------------|-------------|
| Signed: _____ | Date: _____ |
|---------------|-------------|

Borrower Authorization to Provide Information to a Third Party

I, _____, certify that I am the person whose name appears below and that I am a borrower on the following account(s): _____.

I hereby authorize the following person(s) and/or company to obtain a payoff statement for any of the above accounts:

Individual/Company Name: _____

I authorize Austin Telco Federal Credit Union to release information to the contact identified above. This authorization will remain in effect for 30 days. I understand that I may revoke this authorization at any time before the payoff information is disclosed, in writing, by mail, fax, or e-mail. I further agree to release Austin Telco Federal Credit Union from any liability for providing this information.

Please Print Name: _____

| | |
|---------------|-------------|
| Signed: _____ | Date: _____ |
|---------------|-------------|