

Borrower Information:

Name: _____

Property Address: _____

Mailing Address: _____

Social Security #: _____ Marital Status: please circle one: Married Unmarried

Home # _____ Work# _____ Cell# _____

Name: _____

Social Security #: _____ Marital Status: please circle one: Married Unmarried

Home # _____ Work# _____ Cell# _____

EMAIL Address: _____

Home Owner Insurance Information:

Agent Name: _____ Agent Phone#: _____

Insurance Carrier: _____ Annual Premium: _____

Payoff Information:

Payoff #1

Mortgage Company Name: _____

Account #: _____ Phone#: _____

Payoff #2

Mortgage Company Name: _____

Account #: _____ Phone#: _____

Law Offices of

SUZAN A. MESSINA

Londonderry Square Professional Offices
50 Nashua Road, Suite 213
Londonderry, NH 03053
Tel. 603/437-8004 Fax 603/437-8007
www.messinaworkoffice.com

Authorization

I/we authorize The Law Offices of Suzan A. Messina to request and obtain information and documentation of payoff balances/statements of mortgage(s) and real estate taxes required in connection with the refinance loan closing.

A copy of this authorization may be accepted as an original.

Signature

Date

Signature

Date