



SELLERS/BORROWERS AUTHORIZATION FORM

Customer Name: _____

Property Address: _____

Lender/Bank Name: _____

Lender/Bank Phone #: _____

Loan/Account Number: _____

REQUIRED

Social Security Number: _____

REQUIRED

ALL INFORMATION MUST BE FILLED IN FOR EACH LOAN (ATTACH ADDITIONAL SHEET IF NEEDED)

I/We, hereby authorize the release of any payoff and/or loan information to any employee at **Vinopal Title and Abstract, LLC** @ fax number **715-831-0882**.

****Note, we only require one signature for married couples.****

Signed this _____ day of _____, 20_____

Signature

Customers Address After
Closing: _____

Phone Number: _____

www.vinopaltitle.com

Eau Claire Office
1030 Regis Court
Eau Claire WI 54701
715-831-0880

Rice Lake Office
407 West Knapp Street
Rice Lake WI 54868
715-736-4882

Menomonie Office
2303 Schneider Avenue
Menomonie WI 54751
715-309-4013



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