



Payoff Request Form

To: **Salem Five – Payoff** Email: **LoanServ@salemfive.com**

From: Telephone:

Please prepare a payoff quote according to the following information.

I understand that this request must be accompanied by written authorization from the borrower, and that the request and borrower authorization must be complete and accurate in order for me to receive a payoff statement. I understand that the payoff statement will be sent within 5 business days of my complete request. Requests received after 4:00 p.m. are considered received on the following business day.

Please Check One: New Request Revision Request Original Date:
(mm/dd/yyyy)

Please Check One:
 Salem Five to Salem Five Refinance Refinance Elsewhere
(special procedures apply to these transactions) Lender:
 Sale of Property Other

Please Complete Contact Information:

Requestor's Name:

Law Firm/Settlement Agent:

Telephone Number:

Please Check One:

Send by Email:

Send by Mail
Mailing Address:
City, State, Zip:

Please Complete Borrower Information:

Borrower's Name:

Property Address:

City, State, Zip:

Account Number:

Payoff Date: (mm/dd/yyyy)

(This date may not be more than 30 days in the future. Please be advised that payoff statements will expire 30 days from the date of request.)

Statement of Confidentiality

This facsimile contains confidential information, intended only for the person(s) named above, which may also be privileged. Any use, distribution, copying or disclosure by any other person is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original transmission to us by mail without making a copy. Our telephone number and address are indicated below.

Mailing Address: Salem Five, Attn: Payoff Dept., 210 Essex Street, Salem, MA 01970

1-800-322-BANK (2265) Fax: 978-720-5870 www.salemfive.com

[Review Payoff Policies and Procedures](#)

BORROWER AUTHORIZATION FOR PAYOFF

To the Borrower:

Salem Five will only release a mortgage payoff statement to the borrower or a person acting with written authorization.

If you are requesting a payoff statement for yourself (to be sent to you), please complete and sign section 1.

If you are authorizing another person or company to request a payoff statement, please complete and sign section 2.

1. Borrower Request

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

Please print or type account number(s) here:

I hereby request Salem Five to release payoff information to me at the contact information on the attached Payoff Request Form.

Signed: _____

Date: _____

Please Print Name: _____

2. Borrower Authorization

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

Please print or type account number(s) here:

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

Please print or type name(s) of authorized person(s) here:

I authorize Salem Five to release said information at the contact information on the attached Payoff Request Form.

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 Salem Five Bancorp and its subsidiaries from any liability for providing this information.

Signed: _____

Date: _____

Please Print Name: _____

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