

WALTHER TITLE, LLC

5755 North Point Parkway

Suite 202

Alpharetta, GA 30022

(770) 777-4778

Fax (770) 777-4780

Mortgage Account # _____

Name and Address of Attorney:

Walther Title, LLC

5755 North Point Parkway

Suite 202

Alpharetta, GA 30022

Date: _____

Authorization to release payoff information

I hereby authorize Walther Title, LLC to verify information as to our mortgage. It is understood that a copy of this form will also serve as authorization.

The information Walther Title, LLC obtains is only to be used for requesting a payoff for the sale of the above-referenced property.

Name:

Signature for authorization
(Must be wet signature)