COVEY FINANCIAL

8626 Tesoro Drive, Suite 505, San Antonio, TX 78217 | 855-276-6300 | staff@coveyfin.com | NMLS #1775323

Title / Escrow Company Payoff Statement Request

Complete all fields and attach the required borrower authorization. Requests without valid borrower authorization cannot be processed.

Requests are processed in the order received. Failure to submit all required items may delay or prevent processing.

1. REQUESTOR (TITLE / ESCROW) INFORMATION

Requestor Name		**Firm / Company**	
Email		**Phone**	
Title / GF / Escrow File No.		**Date of Request**	

2. BORROWER & PROPERTY INFORMATION

Loan Number		**Borrower(s) Name**	

Property Address to be paid off *(Some accounts secure multiple properties – specify which one.)*

City		**State**		**ZIP**	

3. TRANSACTION DETAILS

Reason for request (check one):

☐ Sale of property	☐ Short sale	☐ Refinance
☐ Home equity / HELOC	☐ Other: _____	

Desired Payoff (Good-Through) Date — date Covey Financial will receive funds	
Anticipated Closing / Funding Date	
Borrower forwarding address for any refund of escrow / credit balance *(Required if the property is being sold.)*	

4. STATEMENT DELIVERY & TIMING

Deliver statement via: ☐ Email ☐ Fax Provide Email Address or Fax # _____

Select a delivery timing option:

☐ **Standard – $25** (delivered within 2–7 calendar days) ☐ **Rush – $75** (delivered within 2 calendar days)

5. REQUIRED DOCUMENTATION

Attach the following. The request will not be processed until all applicable items are received; Covey Financial reserves the right to request additional documentation.

- ☐ Signed borrower authorization to release loan information to the requestor (required)
- ☐ Copy of the executed sales contract or Closing Disclosure (if applicable)
- ☐ Death certificate (if a borrower is deceased)
- ☐ Other: _____

6. REQUESTOR CERTIFICATION

By signing below, I certify that I am authorized to submit this request on behalf of the firm named above, that a valid, signed authorization from the borrower(s) permitting release of loan information to my firm is on file and attached, and that the information provided is true and correct. I understand that providing false information may delay or prevent processing, and I agree to the delivery fee selected above.

Requestor Signature	Date
Requestor Printed Name	Title / Relationship (if applicable)

Return completed form to **staff@coveyfin.com** or by fax to **(210) 618-0561** Questions? Call **855-276-6300**

Instructions for remitting payoff funds will be included with the payoff statement and may change based on account circumstances. Lien(s) will not be released until the account is paid in full and funds are confirmed.