

JVB Payoff Request Form

To: JVB - Pa	yoff Request Line	Fax:	(717) 436-8889
From:		Telephone:	
This form can also I	be submitted by email to loans@	jvbonline.com.	
I understand that the and that the request to receive a payoff	yoff quote according to the follow his request must be accompanist and borrower authorization n statement. I understand that the request. Requests received after	ed by written au nust be complete e payoff statement	and accurate in order for me
Please Check One:	New Request Re	evision Request	Original Date:
JVB to JVE (Special process of Property	•	Refinance Els Lender:	(mm/dd/yyyy)
Please Complete C Requestor's Name:	ontact Information:		
Law Firm/Settlement	Agent:		
Telephone Number:			
Send by Ma Mailing Add City, State,	dress:		
Send by Fa	ix:		
Send by Se	cure Email:		
Please Complete B	orrower Information:		
Borrower's Name:			
Property Address:			
City, State, Zip:			
Account Number:			
Payoff Date:	(r	mm/dd/yyyy)	
	(This date may not be more than 30 of	days in the future. Ple	ase be advised that

Statement of Confidentiality

payoff statements will expire 30 days from the date of request.)

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.



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BORROWER AUTHORIZATION FOR PAYOFF

To the Borrower:

JVB will only release a loan 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:				
hereby request JVB to release payoff information to me at the contact nformation on the attached Payoff Request Form.				
Signed:				
Date:				
Please Print Name:				
2. Borrower Authorization				
,, 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:				
hereby authorize the following person(s) and/or company to obtain a payoff tatement for any of the above accounts: Please print or type name(s) of authorized person(s) here:				
authorize JVB 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 JVB and its subsidiaries from any liability for providing this information.				
Signed:				
Date:				
Please Print Name:				

Revised: 2015-09-18