

Payoff Request Form

Send Mortgage & Equity Line Payoff Requests To: loanservicing@salemfive.com

Send Commercial Loan Payoff Requests To: cls@salemfive.com

Please Print					
Send Payoff To: _					
Telephone:			Contact:		
Email:					
Loan Information					
Borrower:					
Subject Address:					
Payoff Date:	(must be v	vithin (30) days of	current date)	
Account Number:			Payoff Statements Expire (30) Days From Issuance		
Account Number	:				
Select One:	New Request		Revision Request		
Select One:	Sale of Property	Refina	nce Salem Five	Other	
	Refinance New Ban	k - New Le	ender Name:		-
IF PAYING A HON	ME EQUITY LINE OF C	REDIT			
If you are not selling	your home and would like	to keep the	line open, check here:	PAYDOWN ON	ILY

Please note that this request must be accompanied by a hand-signed, written authorization from the borrower. Both the payoff request form and the borrower authorization form must be fully completed; incomplete or unsigned submissions will not be processed.

Once all required documents have been received, please allow up to five (5) business days for the payoff figures to be calculated and sent. Requests submitted after 4:00 p.m. will be considered received on the following business day. Please be advised that payoff requests cannot be accepted by phone.

Click here to view Payoff Policy



Borrower Authorization - Payoff

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

If you are requesting a payoff statement for yourself, please complete and sign **Section 1**.

If you are authorizing a third party to request a payoff statement, please complete and sign Section 2.

Note: If paying off a Home Equity Line of Credit, I understand my credit line will be frozen as of this date and no further advances will be allowed. I authorize this loan to be CLOSED once the payoff funds are received, unless Paydown is indicated on Payoff Request Form. Paydown not permitted for property sales.

l,	, certify that I am the person whose name appears below and that
am a borrowe	er of the following accounts:
	est Salem Five to release payoff information to me at the contact information on the off Request form.
	Signed:
	Date:
	Please Print Name:
	orrower Authorization certify that I am the person whose name appears below and that
	, certify that I am the person whose name appears below and that er of the following accounts:
	orize Salem Five to release payoff information to
at the contac	t information on the attached Payoff Request form.
	Signed:
	Date:
	Please Print Name:

Note 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 email. I further agree to release Salem Five Bancorp and its subsidiaries from any liability for providing this information.