

THE MARK MCKENNA TEAM

AUTHORIZATION FOR CLOSING

Primary?
 YES NO

FOR PROPERTY AT: _____

Name _____ Name _____

Date of Birth _____ Date of Birth _____

SSN _____ SSN _____

**PAYOFFS CANNOT BE ORDERED WITHOUT
FULL SOCIAL SECURITY NUMBERS**

Married? YES NO
(Please Circle One)

US Citizen
YES NO (Please Circle One)

Seller's Home Address: _____

Attorney: _____

Phone: _____

Fax: _____

ANY Seller over 62?
YES NO (Please Circle One)

First Mortgage Company Name: _____

Account Number: _____

800 Customer Service Phone Number: _____

2nd MTG or Line of Credit Company Name: _____

Account Number: _____

800 Customer Service Phone Number: _____

By signing below Seller authorizes Pat McKenna Realtors (Lucie Nowicki) or any representative from Foundation Title to order payoff(s) and the following items in order to complete settlement on our property. It is understood that certain charges will be incurred and invoices presented, and such fees deducted from Seller's proceeds at settlement.

- DEED
- PAYOFFS
- WELL TEST
- ASSOCIATION
- CERTIFICATE OF INSURANCE

Attending Closing?
YES NO (Please Circle One)

Signature _____ Date _____ Signature _____ Date _____

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