



PAYOFF REQUEST FORM

I (We) \_\_\_\_\_ / \_\_\_\_\_  
authorize Embrace Home Loans to provide a payoff quote to \_\_\_\_\_  
\_\_\_\_\_ representing the amount required to satisfy my (our) loan in full.

Loan Number: \_\_\_\_\_  
Borrower Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_  
Co-Borrower Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_  
Payoff Good Through Date: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s): \_\_\_\_\_  
Borrower Co-Borrower

HOME EQUITY LINES OF CREDIT ONLY  
  
Upon payment of my (our) loan in full, please close the line of credit and release the lien.  
  
Borrower's Signature: \_\_\_\_\_  
Co-Borrower's Signature: \_\_\_\_\_

Please provide instructions to return payoff quote:

- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send the completed form to:

**Email:** [PayoffRequest@ServicingHome.com](mailto:PayoffRequest@ServicingHome.com)  
**Fax Toll Free:** (877) 656-5717  
**Mailing Address:** Embrace Home Loans  
PO BOX 19210  
Charlotte, NC 28219-0229