

# REFI INFO SHEET

**LAW OFFICE OF RICHARD R. FOUST, PA**

204 MUIRS CHAPEL RD. STE 102 GREENSBORO, NC 27410

OFFICE: 336-834-0510 FAX: 336-834-0160

**NOTE: All Information must be completed before we can begin work on this closing file.)**

**Closing Date:** \_\_\_\_\_ **Closing Time:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Property:** \_\_\_\_\_

Marital Status (W, S, M, D, Sep.)

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

E-mail \_\_\_\_\_

**Social Security #:** XXX-XX- \_\_\_\_\_

**LAW OFFICE OF RICHARD R. FOUST WILL OBTAIN  
PAYOFFS FOR REFINANCE CLIENT. OUR OFFICE WILL  
CONTACT CLIENT IF MORE INFO IS NEEDED.**

1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Loan #: \_\_\_\_\_

2<sup>nd</sup> Mortgage Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Loan #: \_\_\_\_\_

AGREED TO: \_\_\_\_\_

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Refi Client

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## AUTHORIZATION TO RELEASE INFORMATION BECAUSE OF PRIVACY REGULATIONS, LENDER MAY REQUIRE SIGNED AUTHORIZATION TO RELEASE PAYOFF INFORMATION

LENDER: \_\_\_\_\_ Account# \_\_\_\_\_

LENDER: \_\_\_\_\_ Account# \_\_\_\_\_

I/we authorize individuals and institutions named above to provide THE LAW OFFICE OF RICHARD R. FOUST, PA and its employees, any and all information and documentation requested in order to assist THE LAW OFFICE OF RICHARD R. FOUST, PA in obtaining loan and payoff information for loans I owe to said lender(s). Such information shall include, but is not limited to: account balance, payment information and verbal and written payoff information. I understand that the lender may charge a fee to my account for a faxed written payoff statement. Lender is asked to forward any requested information in a prompt manner. Thank you for your cooperation in this matter.

**EQUITY LINES/OPEN ENDED ACCOUNTS: If account is an equity line of credit, we hereby request that the account be immediately blocked to further advances and closed and satisfied if the account has a zero balance. Upon receipt of a future payment from me or The Law Office of Richard R. Foust, PA, reducing the account to zero, please close the account and satisfy any deed of trust recorded to secure the account.**

**Please note: A copy of this authorization may be accepted as an original.**

This authorization shall expire in 60 days from the date signed

Date: \_\_\_\_\_

BORROWER \_\_\_\_\_

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