



PAYOFF REQUEST FORM

I (We) _____ / _____
authorize RoundPoint Mortgage Servicing LLC 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@RoundPointMortgage.com
Fax Toll Free: 702.940.5745
Mailing Address: RoundPoint Mortgage Servicing LLC
P.O. Box 19409
Charlotte, NC 28219-9409