



PAYOFF REQUEST FORM

I (We) _____ / _____
authorize Michigan First Mortgage Servicing 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

Return completed form to:

Email: mortgageservicing@michiganfirst.com
Fax: 248.395.4187
Mail: Michigan First Mortgage Servicing
27000 Evergreen Rd.
Lathrup Village, MI 48076