



CHICAGO TITLE LEWISVILLE

543 West Main Street, Suite 101 · Lewisville, Texas 75057 · Phone 972-353-5050 · Fax 972-353-5151

AUTHORIZATION FOR RELEASE OF INFORMATION

Property Address: _____

Name(s): _____

Social Security Number(s): _____

Loan Number: _____

Name of Lender: _____

I hereby authorize Chicago Title Lewisville to discuss any and all accounts with the Lender regarding our loan, including but not limited to payoff requests, escrow account information and release of lien requests. This authorization is also good for any and all updated requests and is good until revoked in writing by us.

**Please forward the requested information immediately to
Chicago Title Lewisville – Fax: 972-353-5151**

Printed Name:
SSN:

Printed Name:
SSN: