



PAYOFF REQUEST FORM

I (We) _____ / _____
authorize Amos Financial 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: info@amosfinancial.com
Fax Toll Free: 866-213-4957
Mailing Address: Amos Financial LLC
3330 Skokie Valley Road - Suite
301 Highland Park, IL 60035