

FIRST MONTANA TITLE COMPANY OF HAMILTON
250 W Main Street - Hamilton, MT 59840
Phone: (406) 363-2661

File No. RAV- _____

INFORMATION DISCLOSURE AUTHORIZATION

To whom it may concern:

I/we hereby authorize you to release the following information to **FIRST MONTANA TITLE COMPANY OF HAMILTON** for the purpose of verification of Mortgage loan payoff information.

A photocopy of this authorization (being a valid copy of the signatures of the undersigned) may be used as a duplicate of the original.

Thank you,

Signature

Date

Name on Account(s): _____

1ST:

Name of Lender being paid off: _____

Loan Number: _____

Phone Number of Lender: _____

Social Security Number: _____

2ND if applicable:

Name of Lender being paid off: _____

Loan Number: _____

Phone Number of Lender: _____

Social Security Number: _____

CONFIDENTIALITY NOTE: The information transmitted in the fax message is intended to be confidential and for the use of only the individual of entity named above, and may be privileged. If the reader of this message is not the intended recipient, you are hereby notified the any retention, dissemination, distribution or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and return the original message to us at the address above via the mail service. (we will reimburse postage) Thank You!