



PENINSULA SETTLEMENTS, LLC
REFINANCE INFORMATION FORM

Client Name:

Property Address:

PLEASE RETURN YOUR COMPLETED FORM TO:

*PENINSULA SETTLEMENTS
20 Courthouse Square
Suite 213
Rockville, Maryland 20850*

FAX: (301) 444-4666

Authorization to Order Mortgage Payoff

Please provide information regarding all mortgages secured by your property.

Property Address: _____

Name of Bank or Mortgage Company to be paid off is:

Name: _____

Phone #: _____

Address (Customer Service address not P.O. Box where you send monthly payments):

Account #: _____

Name of Bank or Mortgage Company to be paid off is: **SECOND MORTGAGE** (if applicable)

Name: _____

Phone #: _____

Address (Customer Service address not P.O. Box where you send monthly payments):

Account #: _____

Social Security Number(s) _____

Please release payoff information to Peninsula Settlements, LLC, Gaithersburg, MD 20878.

Seller

Seller

