



PAYOFF REQUEST FORM

I (We) _____ / _____
authorize 7 Mortgage 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

Please provide instructions to return payoff quote:

- Email: _____
- Fax: _____
- Mail: _____

Send the completed form to:

Email: PayoffRequest@ServicingHome.com
Fax Toll Free: (877) 656-5717
Mailing Address: 7 Mortgage
c/o RoundPoint Mortgage Servicing Corporation
PO BOX 19210
Charlotte, NC 28219-0229