

Greensboro Office: 445 Dolley Madison Road, Suite 102, Greensboro, NC 27410 **Winston-Salem:** 301 Fair Oaks Lane, Winston-Salem, NC 27127

Phone: (336) 281-3110 | **Fax:** \underline{GSO} (336) 285-7276 | $\underline{W-S}$ (336) 955-2145

Email: Packages@StegallCliffordLaw.com Website: www.StegallCliffordLaw.com

PAYOFF AUTHORIZATION

I/We,	and	give the law firm of
		and obtain all necessary information, including
payoff and written statements,	regarding my/our acc	count #, with
	(bank name or	loan servicer), for the sale of my/our
property located at		(property address).
In the event that the ab	ove account is an Eq u	uity Line, then I/we request that this account
be frozen and that no further d	lraws may be taken on	n this account unless I/we give further notice.
I/we will immediately notify S	Stegall & Clifford, PLI	LLC if I/we request any further draws on this
Equity Line.		
Signed this day of		_, 20
X		_
Printed Name:		
SSN:		_
X		
		_
Printed Name:		
SSN:		_
(STEGALL & CLIFFORD O		
Payoff Date:		
 # 45		
File #: (Buyer's Last Name)		(Seller's Last Name)