

GENERAL AUTHORIZATION

RE:

I/We authorize you to release to Wisconsin Title Closing Services, any information requested to process the paperwork for the sale of my/our home. This includes, but is not limited, to all payoffs, association dues, and utility information.

I/we understand that there may be a charge for receiving these results via fax or email, as well as charges for incoming and outgoing wires, and these will be added to the settlement costs.

In addition, I/we authorize reverification of the above information for quality assurance purposes.

A photographic, carbon copy, e-mail or facsimile of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original.

X _____ Social Security # _____

Print Name _____

X _____ Social Security # _____

Print Name _____