

PAYOFF REQUEST

DATE OF REQUEST: _____

REQUESTER'S NAME: _____

COMPANY NAME: _____

COMPANY PHONE NUMBER: _____

COMPANY FAX NUMBER: _____

COMPANY EMAIL ADDRESS: _____

CUSTOMER NAME OR SS#: _____

LOAN NUMBER: _____

PROPERTY ADDRESS: _____

REASON FOR PAYOFF: SOLD, REFINANCE, OTHER:

DATE OF PAYOFF: _____

Please fax information, along with customer written authorization, to Arvest
Central Mortgage Company at **501-716-5763**.

A convenience fee may be assessed for any payoff statement sent via fax.

