



PHONE:  
FAX:

## Short Sale Authorization

Attn: Loss Mitigation Department

Date:  
Escrow No:  
Escrow Officer:

Re: Payff Loan No. \_\_\_\_\_

Dear Loss Mitigation Department,

Please be advised that an offer for my property located at: \_\_\_\_\_ has been submitted. I will be providing all of my information to Chicago Title for them to act as closing agent for this real estate transaction. I hereby authorize the release of any information verbal and/or written statements pertaining to the sale of this property to be requested by Chicago Title.

It is understood that a copy of this form will be recognized as an original authorization: \_\_\_\_\_

Borrower's Signature: \_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Loan #: \_\_\_\_\_

Borrower's Signature: \_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Loan #: \_\_\_\_\_

Please fax this form back to Chicago Title @ \_\_\_\_\_

For questions, please call \_\_\_\_\_ at \_\_\_\_\_