## Request for Reverse Mortgage Payoff Quote

Scan to an image or PDF file, then upload at

the Servicer at any time to change these preferences.

Borrower Cell Phone

Co-Borrower Cell Phone

www.reversedepartment.com or email to

**Reverse Mortgage Servicing Department** 

By mail

P.O. Box 40724

P.O. Box 40724 Lansing, MI 48901 Phone (866) 654-0020 Fax (844) 629-2743

www.reversedepartment.com

Reverse Mortgage Servicing Department

## Instructions

By computer

If viewing this form online, save to your computer and complete the form. Print out and sign. Return to one of the following contact points listed below.

844-629-2743

By fax

Fax to

payoff@reversedepartment.com.	Lansing, MI 48901
Request for Reverse Mortgage Pa	yoff Quote
Loan Number	
Borrower Name(s)	
Property Address	
Good Through Date Requested	
Send Quote To (e.g. your email address, address, fax #, etc.	
If you are not a borrower on the loan, complete t	he following:
Requestor's Name	
Company Name (if applicable)	
Authorization Type (Attorney-in-Fact, Authorized Third Party, Executor, Guardian, Conservator)	
IMPORTANT: A Borrower or Authorized Party's sig Authorization form.	gnature is required below. Otherwise, please attach a Borrower's
Signature of Requestor	Date
Cell Phone & Email Consent	
By providing my/our telephone phone number(s)	and/or email address(es) below, I/we consent to be contacted via

email, text message, voice call, or through an automated dialing system, or pre-recorded voice message by the Servicer or its authorized third party for informational and account service calls related to my/our account, but not for telemarketing or sales calls, at any telephone number, including my/our mobile telephone number, or email addresses(es) that I/we have provided. Message and data rates may apply. I/we understand that we may contact

**Borrower Email Address** 

Co-Borrower Email Address