## **PAYOFF REQUEST FOR SELLER**

Date:	-	
Lender Name:		
Account Number:		
Names:		
Property Address:		
Please forward the payoff for the above prop Taft Street, Paxton, Illinois 60957, fax number 217-37		stract Company, 145 North
The proposed payoff date should be		, with a per diem.
	Borrower's Signature	
	Borrower's Signature	