

HELOC PAYOFF DEMAND REQUEST FORM

Payoff Demand Statements should be requested within 21 days of estimated payoff date.

Please allow 3 full business days after receipt for delivery.

NOTE: A request for a Written Payoff Demand Statement will automatically freeze the account from future advances for a period of 30 days to ensure accuracy of the payoff statement.

Request by Phone:
 (800) 827-7500
 TTY: (800) 659-5495

3rd Party Submit by Fax:
 (402) 918-6940

Primary Borrower First Name:	Primary Borrower Last Name:
9-Digit HELOC Account Number *OR* Primary Borrower Social Security Number:	
Property Street Address (used as collateral):	City:
State, Zip:	County:
Requesting Company:	Requestor's Name:
Requestor's Phone Number:	Requestor's Email Address:
Requestor's Fax Number to receive completed statement:	

Please include the following:

- Signed Primary Borrower Authorization to Release Information form

Questions? Call (800) 827-7500

Kindly allow 3 full business days for processing.