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**REQUEST FOR CASE PAYOFF
CLOSEOUT DEPARTMENT
TELEPHONE: 901-543-2889
FAX: 901-543-3446**

I hereby request the Trustee's office provide the payoff of my case.

I UNDERSTAND:

- 1). If refinancing and mortgage is in the plan we will need a **signed HUDI**. All checks must be made payable to **Sylvia Ford Brown, Trustee**. Any checks received without the correct trustee will not be accepted.
- 2). If not refinancing, make money order or cashier's check payable to Sylvia Ford Brown, Trustee. **If mortgage is in the plan please be aware it may be necessary to make further payments to the TRUSTEE for your mortgage.** (Until you receive a letter from the Trustee telling you to make your ongoing mortgage payments directly to the mortgage company, continue to make your plan payments to the Trustee. Any excess funds will be returned to you upon discharge).
- 3). I must have the Trustees' permission if I am borrowing to pay off my case.
- 4). Refinancing: YES ___ NO ___

Case# _____ SS# _____
Signature: _____ Date: _____
Current Address _____ ST _____ ZIP _____
Home Ph# _____ Work Ph# _____

ALL CHECKS AND PAYOFF REQUESTS WILL BE MAILED TO THE MOST RECENT ADDRESS ON FILE.

Notes: _____

THIS BALANCE IS GOOD FOR 10 DAYS.
PLEASE MAIL THIS FORM TO OFFICE SHOWN ABOVE.
DO NOT FAX.

After audit and review, the pay off on you case as of this date _____ is \$ _____.

Any questions concerning the payoff should be addressed to:

Case Worker: _____ Date: _____