

# Third-Party Authorization Payoff and Document Request Form



Mortgage Loan Number \_\_\_\_\_

Borrower First Name \_\_\_\_\_ Borrower Last Name \_\_\_\_\_

Co-borrower First Name \_\_\_\_\_ Co-borrower Last Name \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Third Party Name \_\_\_\_\_

Relationship to Customer (Authorization will expire in 90 days) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

To request a Payoff Statement, complete the following and return by email to [payoffmtgrequest@trustmark.com](mailto:payoffmtgrequest@trustmark.com) or by fax to 601.208.1603.

Payoff Statement as of date: \_\_\_\_\_

#### Delivery Type

- Email
- Fax
- Mail

#### Payoff Reason

- Refinancing with Trustmark
- Refinancing with another company
- Sale of property

Processing time for a payoff request received by email or fax is 24-48 hours. A \$5.00 fax fee will be assessed to the borrower's loan.

To request one of the following documents, complete this section and return by fax to 1.601.208.1603 or by mail to the address at the bottom of this form:

- Verification of Mortgage - VOM  
Includes a 12 month payment history
- Payment History
- Other: \_\_\_\_\_

Processing time for a Verification of Mortgage or Payment History request is 3 business days. There is a \$20.00 fee for a VOM.

I authorize the third-party listed above to obtain any information on my above-referenced mortgage loan account with Trustmark National Bank; I further acknowledge and agree that the applicable fees may be assessed to my account as a result of the third-party's request. Fees may be charged per item, per request and are subject to change. My signature approves both the third-party authorization and the acknowledgment of any applicable fees. \* This authorization will expire in 90 days or sooner if revoked by me.

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail the completed form to:  
Trustmark National Bank  
Attn: Document Request  
P.O Box 522 | Jackson, MS 39205

Fax the completed form to:  
601.208.1603