



**GENERAL AUTHORIZATION
PENINSULA TITLE AGENCY, INC.**

The purpose of this form is to allow Peninsula Title Agency, Inc. to obtain information regarding your current mortgage.

To Whom It May Concern:

I/We hereby authorize you to release any information concerning my mortgage, including payoff and per diem, to Peninsula Title Agency, Inc., or its employees, in connection with the processing of my real estate transaction.

A copy of this release is also an acceptable authorization.

Signed:	Date:
Printed Name:	Social Security No:
Signed:	Date:
Printed Name:	Social Security No:
Signed:	Date:
Printed Name:	Social Security No:
Signed:	Date:
Printed Name:	Social Security No:

Loan No:

Property Address:

Title Commitment No:

Peninsula Title Agency, Inc.

15 South Fourth Street, Crystal Falls, MI 49920 - Phone: 906.875.6618 - Fax: 906.875.4382

100 East H Street, Iron Mountain, MI 49801 - Phone: 906.767.0168 - Fax: 906.767.0220

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