




Mortgage

Payoff Request Form

Date of Request: _____

Requester's Name: _____

Company Name: _____

Company Phone Number: _____

Company Fax Number: _____

Company Email Address: _____

Customer Name or Social Security Number: _____

Loan
Number: _____

Property Address: _____

Reason for Payoff: Sold Refinance Other

Payoff Good Through Date: _____

Please send this information, along with a signed customer authorization, to Arvest Bank via fax at (501) 716-5763, or via email at mymortgage@arvest.com.