



Pay Off Request Form

Please fill out the applicable information and send completed form to payoffrequest@whmd.org.

Please allow up to 72 hours for a response.

We need everything completed on this form or the request will not be processed.

Address:

Seller's Name(s):

Seller's Phone Number:

Buyer's Name(s):

Buyer's Phone Number:

Buyer's Email Address:

Closing Date:

Rent Back Date (if applicable):

Title Company:

Title Co. Contact info:

If we do not receive information on the rent back date, we will final bill as of the closing date.

Any questions, please call 719-495-2500.