

AUTHORIZATION AND RELEASE

Date: _____
 To: _____ Fax() _____ Phone() _____

CUSTOMER/CLIENT	
LENDER	
ACCOUNT NUMBER	
PREMISES	

To Whom It May Concern:

I/We hereby authorize you to release and/or provide to my attorney,
 _____ and/or EAGLE ABSTRACT CORP. or ITS UNDERWRITER
 and/or _____ and any of its agents/employees any information pertaining to
 the above account, including but not limited to the following:

Banking and/or Savings Accounts of Record,

A Mortgage Loan Payoff Statement/Letter (as well as verification of the information
 contained therein), reflecting loan balance and tax information and any other information
 deemed necessary in connection with a real estate transaction, including but not limited to
 the escrow account balance, if any, tax disbursement history, payment history and a
 breakdown of all charges due on the account.

*****IF THIS ACCOUNT IS A HOME EQUITY /LINE OF CREDIT ACCOUNT, YOU ARE HEREBY
 REQUESTED AND AUTHORIZED TO FREEZE THE ABOVE ACCOUNT, EFFECTIVE IMMEDIATELY.
 NO REQUESTS FOR ADVANCEMENTS AGAINST THIS ACCOUNT ARE TO BE HONORED AFTER
 THE DATE THIS REQUEST IS DELIVERED.
 THE ABOVE ACCOUNT IS TO BE CLOSED IMMEDIATELY UPON RECEIPT OF FUNDS SUFFICIENT
 TO PAY THE LOAN IN FULL.**

A photographic, carbon or fax copy of this authorization and signature(s) shall
 be deemed to be the equivalent of the original and may be used as a
 duplicate original.

 Name: _____
 Social Security No.: _____

 Name: _____
 Social Security No.: _____

 Name: _____
 Social Security No.: _____

 Name: _____
 Social Security No.: _____