



Home Equity Line of Credit Payoff Request Form Instructions & Mailing Information

PAYOFF REQUEST INSTRUCTIONS:

1. **PRINT AND FILL OUT THIS FORM** - Please complete all relevant sections of the Payoff Request form.
2. **SIGN** - Please remember to sign your Payoff Request form. We cannot process your Payoff Request without your signature OR a signed borrowers authorization form with your signature.
3. **SEND YOUR COMPLETED PAYOFF REQUEST FORM TO REGIONS BANK** - You can fax your completed Payoff Request form to 205-261-7293 or mail it to:
Regions Bank Consumer Loan Center
Attn: Satisfaction Clerk
2050 Parkway Office Circle, RCN-2
Birmingham, AL 35244
4. **QUESTIONS?** - Call 1-800-896-6513.
5. **HOW TO SUBMIT A PAYOFF CHECK?** - You may make the payoff at a local branch or by going through the Teller line. Please note that the payoff letter should accompany the payoff check.

MAILING INFORMATION:

MAILING PAYOFF CHECK:

Regions Bank - Essentialine
P. O. Box 1984
Birmingham, AL 35201
*Please include the payoff statement.

FORWARDING PAYMENT OVERNIGHT:

Regions Bank
201 Milan Parkway
Birmingham, AL 35211

WIRING INSTRUCTIONS:

Regions Bank
Birmingham, AL
Routing Number: 062005690
Attn: Bankcard Department Lakeshore Operations, ALBHMOPL03
Purpose of wire: Equity Line Payment or Pay down
*Please also provide customer's name and account number

If you requested a quote more than 7 days before the expected payoff date, then please request an updated quote on the day you plan to pay the account off.

The payoff quote will be subject to any transactions that have not posted at the time the quote is given, any preauthorized transactions, and any check or other payment made on the account that is returned unpaid or is rejected or reclaimed for any reason. Regions reserves the right to adjust the payoff amount accordingly.



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Checking one of the following options will indicate that the account will be closed and satisfied upon receipt of the payoff amount in immediately available funds and no future advances will be allowed. Regions will place a temporary hold on the account blocking the payment of checks, cash advances or credit card transactions associated with the account*.

- Refinance First Mortgage
- Selling Home
- Paying Balance to Zero/Closing Account
- Paying Balance Down/Subordinating

If you want a verbal quote to bring the line of credit to zero, but still keep the account open, please call 1-800-231-7493. Written quote processing turnaround time is 24 – 48 hours.

*The payoff quote will be subject to any transactions that have not posted at the time the quote is given, any preauthorized transactions, and any check or other payment made on the account that is returned unpaid or is rejected or reclaimed for any reason. Regions reserves the right to adjust the payoff amount accordingly. **If the account has not been paid in full within 10 days after the “good thru” date on the Payoff Statement, the hold on the account may be removed.**

ACCOUNT INFORMATION

ACCOUNT NUMBER: _____
 CUSTOMER NAME: _____
 SOCIAL SECURITY NUMBER: _____ -- _____ -- _____
 COLLATERAL ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (_____) _____ - _____

REQUESTED “GOOD THRU” DATE (Maximum 15 days) _____ / _____ / _____

CLOSING AGENT/TITLE COMPANY INFORMATION (If this information is completed, we will provide the Payoff Statement to the Closing Agent/Title Company)

AGENT NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (_____) _____ - _____ FAX (_____) _____ - _____
 NEW LENDER NAME: _____ PHONE NUMBER: (_____) _____ - _____

PROPOSED CLOSING DATE (Mandatory TX only) _____

Payoff request will not be processed without the customer’s signature or an attached borrower’s authorization form signed by the customer.

If a faxed payoff quote is desired, a \$10.00 fee will be charged. By requesting a faxed payoff quote and signing below, you agree to pay this charge. This fee will not be charged for property located in Louisiana, Tennessee, Missouri, Indiana, or Virginia. There is no fee or charge for mailing a payoff quote. If the quote is mailed, please allow up to seven days for delivery.

Check One: Fax Mail Fax Completed Request to: 205-261-7293

Customer Signature: _____
PLEASE PRINT PLEASE SIGN

If agent signs for customer here, a borrower’s authorization **must** be attached.