

MICHAEL J. MACCO
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Vincent Cuocci

PAYOFF REQUEST FORM

Please complete the following form to request an exact payoff figure needed to complete the confirmed Chapter 13 case. All fields must be filled in completely and accurately.

Fax completed form to (631) 549-7845 – Attn: Payoff Department, or mail to our office at the above listed address.

Debtor(s) Name(s): _____

Case Number: _____ **Date:** _____

Debtor(s) Signature: _____

Send payoff letter to: _____

Address: _____

How are you obtaining funds to payoff this case?

___ Re-Finance of Real Property
**Property Address: _____

___ Sale of Real Property
**Property Address: _____

___ Other (must provide explanation): _____

**ALL PAYOFF REQUESTS ARE DONE ON A FIRST COME, FIRST
SERVE BASIS AND CAN TAKE UP TO TWO (2) WEEKS FROM THE
DATE WE RECEIVE YOUR REQUEST.**

**If the payoff is being requested by a third party (i.e. mortgage broker, etc.)
you must also provide the debtor(s) signed authorization to allow our office
to provide this information.**