



Authorization to Release Information (Judgement Payoff)

GIT FILE#: _____

In regards to the Sale of my property shown below, I/we hereby authorize Greater Indiana Title Company to obtain any and all information, a payoff or release which is necessary in processing the sale of my current home/property located at:

Street Address: _____

City/State/Zip: _____

Cause Number: _____

Lien/Judgement Holder Name: _____

Lien/Judgement Holder Contact Phone#: _____

It is understood that a photocopy/scan of this document will service as authorization as well as the original executed form. By signing this document, I/we understand that we are giving our permission to have Greater Indiana Title Company request this information on our behalf.

Date: _____

Signature: _____

Print Name: _____

SSN: _____

Date of Birth: _____

*When completed, please email this form to
greaterindianaclosings@gitc.com*