

Gwynn & Edwards, P.A.

REFINANCE CHECKLIST

Please Fax information to **919-871-0701** or e-mail to ccraigg@gwynn-edwards.com

If possible, please provide us with a copy of your title insurance policy.

NAME: _____

ADDRESS: _____

PHONE: _____

Current Mortgage Information for 1st Mortgage and/or 2nd Mortgage /Equity Line (if applicable.)

Company _____

Company _____

Loan # _____

Loan # _____

Phone # _____

Phone # _____

Date of last payment (s) you intend to make: _____

Social Security or Tax ID # _____ / _____

Who is your Homeowner's Insurance Provider? _____

If Traveler's, what is your member/policy number? _____

Contact/Agent name _____ Phone # _____

Gwynn & Edwards, P.A. has my full authorization to obtain payoff statements on my current loan(s).

In the event my loan is an equity line, this authorization shall also serve as my written request to close the line to future advances and close the account upon payment in full.

 x _____

 x _____

