



## CONSUMER LOAN PAYOFF REQUEST FORM

Date of Request:

Requester's Name:

Company Name:

Phone Number:

Email:

Customer's Name:

Last 4 of SSN:

Loan Number:

Please make Payoff Statement good through:

Additional Notes:

I, \_\_\_\_\_, hereby do authorize Arvest Bank to release any and all payoff information to the company listed above.

Customer Signature: X \_\_\_\_\_

**Please contact Arvest Bank at (866) 952-9523 or email this form to [loananswerdesk@arvest.com](mailto:loananswerdesk@arvest.com).**

For Commercial Loan Payoff Statements, please contact a local Commercial Lender at an Arvest Branch near you.



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