



PAYOFF REQUEST

DATE OF REQUEST: _____

REQUESTER'S NAME: _____

COMPANY NAME: _____

PHONE#: _____ FAX#: _____

EMAIL: _____

CUSTOMER NAME AND/OR SS#: _____

LOAN NUMBER: _____

PROPERTY ADDRESS: _____

REASON FOR PAYOFF: SOLD,
REFI W/ ARVEST,
REFI W/OTHER INSTITUTION,
OTHER: _____

DATE OF PAYOFF: _____

Please fax information, along with customer written authorization, to Arvest Bank – Mortgage Division at **479-757-8922**.

A convenience fee may be assessed for any payoff statement sent via fax.