

Request for Statement and Authorization - Quebec



Final Discharge

For Information Only

Date: _____

Name of the existing lender: _____

Address: _____

Phone Number: _____

Fax Number: _____

Subject: Borrower(s): _____

Address of the property : _____

Loan Number: _____

Madam, Mister,

I/We hereby authorize you to provide a mortgage payout statement, for the purpose of the above-noted mortgage to First Canadian Title (or representative) by fax at:

Fax Number: 514.744.8346 or 1.800.381.8882

Phone Number: 1.866.486.8881

Address: 333 Decarie Boulevard, suite 200, St-Laurent, Quebec, H4N 3M9

The effective date of this Statement should be: _____

The above mentioned Mortgage Payout Statement should reflect the outstanding principal balance and accrued interest as of the above date, any debit or credit tax account balance, the per diem rate of interest on such principal balance accruing from the above date, together with the name of the mortgage insurer (CHMC/GE), reference number, if applicable.

The payout statement is requested for discharge purposes of a line of credit, please note that not only the line of credit will be paid but also closed.

IMPORTANT: Moreover if you do not receive the total reimbursement of the aforesaid loan before its maturity date, we ask you to renew the loan mentioned above for an **OPEN TERM**, in order to avoid any penalty caused by a renewal on closed term upon maturity date.

Signature of Borrower

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