## **REQUEST FOR STATEMENT & AUTHORIZATION**

Address of Other Financial Institute (OFI)	Sir/Madam,
OFI Name:	
Address:	I/We hereby authorize you to provide a statement to FCT for the noted mortgage/account.
Address.	
	If this mortgage is due for renewal on or around the effective
City:	date of this statement, consider this your instruction to not renew this mortgage, pending payout of it. Should the
Province:	mortgage have to be renewed, consider this your instruction to renew the mortgage only for the shortest term available
Postal Code:	that is open to prepayment unless the mortgage contract/renewal agreement provides otherwise.
Tel. No:	
Fax. No:	The above mentioned statement should reflect the outstanding principal balance; accrued interest as of the above
Existing Mortgage Number (MANDATORY)	date; any tax account debit or credit; the per diem rate of interest on such principal balance accruing from the above
Mortgage #:	date; whether the loan is in good standing; and if the mortgage contains a readvanceable provision and/or if additional
	principal advances can be made after the date of the
Existing Mortgage Maturity Date (if known)	statement. If there are multiple products secured by the mortgage security, provide a statement for each product.
Maturity Date:	Prepare the statement(s) on the basis that any allowable
Dutc.	prepayment privilege has been applied prior to the calculation
Borrower and Property Information	of any prepayment charges, if prepayment privileges apply to
Borrower	full repayments under the mortgage contract.
Name (1)	* For any instantion of the state of the sta
Borrower	* For assignment/transfer statements, please provide the default insurer's reference number associated with this
Name (2)	mortgage, if applicable.
Address:	gaga, y approach
	Please note: If this mortgage secures a Line of Credit or other
	readvanceable product, I/we hereby acknowledge that:
City:	1. Upon receipt of this request freeze the credit limit
Province:	on the product so no further credit can be extended/utilized, pending receipt of payout funds,
Postal Code:	if applicable.  2. Any and all credit lines are to be closed upon receipt
Tel. No:	of payment and a request for discharge.
Borrower	1/Mark and the Continuous and a soul and a short in any land a feet it has been a
Email (1):	I/We hereby further acknowledge that in order to facilitate the payout and discharge/transfer of the mortgage/account there
Borrower	may be additional per diem interest charged to me/us
Email (2):	representing the required time to deliver funds to the lending
Purpose (PLEASE COMPLETE THE FOLLOWING)	institution.
☐ Discharge	I/we authorize you to release any information requested by FCT in connection with the Purpose. I/we authorize FCT to
Purpose:   Assignment/Transfer	make corrections to the Purpose, to any typos hereunder, and/or to complete the Purpose portion or any other
☐ Information Only	incomplete portion in order to obtain the Statement.
	(1) Borrower's Signature
	(2) Borrower's Signature