



# SELLER AUTHORIZATION FORM

<b>Property:</b>	
<b>Seller(s):</b>	
<b>Settlement Date:</b>	

I am providing authorization for **[port • r] co** to order any/all required certifications and mortgage payoffs on my behalf, necessary to complete the sale and transfer of my property referenced above. Payoffs and/or certifications can be sent via fax or email to:

## Thomas Rafferty - Conveyancer

**Fax:** 484.577.2909

**Email:** [thomas@portrworks.com](mailto:thomas@portrworks.com)

FIRST MORTGAGE	
Company Name:	
Account Number:	
Phone Number:	
SECOND MORTGAGE	
Company Name:	
Account Number:	
Phone Number:	

\*\*\* If mortgage is a home equity or line of credit it needs to be frozen prior to closing

Seller Signature

Date \_\_\_\_\_

SS# or Tax ID (for Entities)

Date of Birth

**Seller Signature**

Date \_\_\_\_\_

SS# or Tax ID (for Entities)

Date of Birth

**\*\*\*Electronic signatures will not be accepted on this form.**