



Authorization to Release Loan Information

Lender:

TCF National Bank
Attn: Customer Service
Mail Code PCC-2E-P
1405 Xenium Lane N
Plymouth, MN 55441

Loan Number: _____

Borrower(s): _____

Property Address: _____

Borrower requests a copy of the documents below to be sent to the address of record ONLY.
If address differs, please have borrower complete the Authorization to Change Mailing Address.

- | | |
|---|---|
| <input type="checkbox"/> Mortgage / Deed of Trust | <input type="checkbox"/> IRS 1098 |
| <input type="checkbox"/> Note | <input type="checkbox"/> Monthly Statement |
| <input type="checkbox"/> Payoff Request Statement | <input type="checkbox"/> Verification of Mortgage |
| <input type="checkbox"/> Paid in Full Letter | <input type="checkbox"/> Loan History |
| <input type="checkbox"/> Amortization | |

Thank you.

Signature of Borrower _____
Date

Signature of Borrower _____
Date

Please return signed form to TCFloanservicing@tcfbank.com or fax to 763-337-8572. If you have questions, call Loan Servicing at 1-800-823-5363 or 763-337-5825. Hearing Impaired TTY # is: 763-559-0294.