

LOAN PAYOFF REQUEST

* Indicates a required field

This payoff request can be submitted if requesting a payoff for all Consumer Loans.

CUSTOMER INFORMATION

*Name

*Property Address

* Phone Number

*Loan Account #

*Reason of the Payoff (refinance, sale, etc.)

*Payoff good through date

* Name of payoff recipient

*Address of payoff recipient

*Address to send discharge to

PLEASE NOTE:

The normal turn-around time for payoff requests is 72 hours.

Please note, there is a \$500 early termination fee for HELOC's closed within 36 months of consummation.

For Consumer borrowers, please note, you are allowed one free payoff quote every six months for a Mortgage or Home Equity Loan. A second payoff request within six months has a \$15.00 service charge.

By completing this form and signing: (i) I understand that I am submitting this form to Cambridge Savings Bank for processing; (ii) I certify that I have read and understood the information in this form and that the information submitted by me is complete and accurate.

I acknowledge and accept the terms and conditions of this Loan Payoff Request.

 Customer Signature

 Customer Printed Name

____/____/____
 Date

If mailing in your Loan Payoff Request Form, please mail to:

Cambridge Savings Bank
 ATTN: Loan Servicing Department
 81 Wyman St
 Waltham, MA 02451

Please keep a copy of this form for your records.
 Should you need any further assistance, please contact us at 888.418.5626.