TO:     Servicing Payoff Department

Statewide CDC

 426 D Street

 Davis, CA 95616

 Fax 530-309-4644 or E-mail: servicing@statewidecdc.com

From:

SBA Reference Name:

SBA Loan #:

Property Address:

**Request for Payoff Estimate (check one):**

            \_\_\_\_   Inquiry Only

            \_\_\_\_   I am planning on paying off my loan and need payoff estimate.

            \_\_\_\_   I am currently in escrow and need to provide payoff information to escrow.

**Escrow Contact:** Name:
 Email:
 Escrow #: **Reason for Payoff (check one):**

            \_\_\_\_   Selling Building

            \_\_\_\_   Refinancing

            \_\_\_\_   Other (please explain):

Please sign and date below to acknowledge your request and return the signed document to servicing@statewidecdc.com or by fax to (530) 309-4644.

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Signature                                                                                 Date: