



**Request For Mortgage Discharge
Payout Statement (Broker Channel)**

Refinance Mortgage Program

Date: _____
Address: _____ Mortgagee: _____
_____ Fax # (OFI): _____
_____ Telephone # (OFI): _____

Existing Mortgage/Credit Agreement No.: _____

Name of Mortgagor(s): _____

Property Address: _____

TD Mortgage/Credit Agreement No.: _____

The effective date of the Mortgage/Credit Agreement payout statement should be: _____

Please provide a current mortgage payout statement reflecting the mortgage balance, payment status, per diem and mortgage type (high ratio or conventional) for **Purposes of Discharge to The Toronto-Dominion Bank (TD)** c/o First Canadian Title Company Limited (FCT) and forward it to FCT at the applicable Fax# for the area in which the mortgaged property is located:

Check as applicable	Property located in	Telephone number	Fax number
<input type="checkbox"/>	All Provinces Excluding Quebec		
	2235 Sheridan Garden Drive, Oakville, ON, L6J	1-800-757-2249	1-855-670-6253
<input type="checkbox"/>	7Y5Quebec		
	1234 Main Street, Suite 201, Moncton, NB, E1C 1H7	1-888-642-2649	1-866-213-7883

Mortgage/Credit Agreement Payout Statement Request Authorization Form:

I/We, the Mortgagor(s) identified above, hereby irrevocably authorize and direct _____ to cancel any automatic renewal on the mortgage/credit agreement identified above and to provide TD, or its agent FCT, with the requested Mortgage Discharge Payout Statement.

If my credit facility with you is due for renewal on or around the effective date of this Mortgage Discharge Payout Statement, consider this your instructions to renew only for the shortest term available that is open to repayment.

I/we authorize TD or its agent FCT to make any corrections and/or complete any portion of this authorization in order to obtain the Mortgage Discharge Payout Statement.

Mortgagor 1	<input type="text"/>	Witness 1	<input type="text"/>
Mortgagor 2	<input type="text"/>	Witness 2	<input type="text"/>