

## REQUEST FOR STATEMENT & AUTHORIZATION

**SUBJECT:** Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Existing Mortgagee Name: \_\_\_\_\_  
Reference n° of the existing mortgage: \_\_\_\_\_

(REFERENCE N° IS MANDATORY)

For information only

Discharge

Transfer

*Please check the appropriate box*

Dear Madam, Sir,

We authorize you to send a **statement to FCT**, including all the credit amounts to be paid by us and/or each security encumbering the property described herein; the statement should include all the following accounting information (according to the type of the credit):

- **The sum payable in principal;**
- **The amount of accrued interest;**
- **The amount of daily interest;**
- **Indemnity amount for prepayment (if applicable);**
- **Any other amount to be paid, including promotion or insurance premium;**
- **Any debit balance from the tax account (if applicable);**
- **Administration fees following Article 3065 from C.C.Q. (if applicable);**
- **Last payment date and amount;**
- **Payment frequency;**
- **The monthly payment amount.**

Any statement you provide must display your institution header. A reference should stipulate that the statement has been signed or issued by a person or a department duly authorized. It should also include the **solid commitment from your institution to consent to releasing the security, by a complete release of hypothec or hypothecs encumbering the property, by honouring the payment in virtue of the mentioned delay on the statement, if applicable, of the complete amount indicated and the daily interest on this amount.**

**FCT** will send you a release proposal of the hypothec or hypothecs encumbering such property, for approval. Where relevant, FCT would appreciate receiving your comments as soon as possible in order for FCT to undertake the necessary changes. **You must provide FCT with a signing authority or an agreement to proceed, with the signing of the release proposal within 45 days following clearing of the payment and receiving the release.**

### **MORTGAGOR AUTHORIZATION**

We are hereby granting the delivery of a complete payout statement of the mortgage loan mentioned above to **FCT**.

This request involves the final and complete payment of a Line of Credit. We will require that the Line of Credit be closed upon receipt of payment.

**IMPORTANT:** If you did not receive the total reimbursement of this loan on the maturity date, we are requesting you to renew this loan for an **OPEN TERM** in order to avoid further penalties for payment after the maturity date.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**PRINTED NAME**