

Summit Bank Partner Closing Schedule Sheet

SET

RESET

CANCEL

NOTE: CLOSINGS MAY NOT TAKE PLACE AT ANY TITLE COMPANY WHICH HAS NOT ISSUED A CLOSING PROTECTION LETTER (CPL)

CLOSING DATE: _____ **TIME:** _____

DISBURSEMENT DATE: _____

PURCHASE _____ **REFI** _____

Borrower Name(s): _____

Property Address: _____

Bank Partner Name: _____

Partner Contact Name: _____ **Summit Loan#:** _____

(required)

Processor Name: _____

Title Co File #: _____

TITLE CO Name: _____

Address: _____

Phone: _____ **Fax#:** _____

CLOSER Name: _____ (required)

TITLE CLOSER EMAIL ADDRESS: _____

Please fax this to 763-390-7378 or email it to closings@summit-mortgage.com.