

AUTHORIZATION FOR PAYOFF

To:		
	Name of Lienholder	
	Mailing Address of Lienholder	Loan Number to be Paid
	City, State, Zip of Lienhold er	Phone Number of Lienholder
Re:	Registered Owner Name:	
	VIN:	
	Year/Make/Model:	
	Current Mileage:	
	Payoff Amount: \$	
	Payoff Good Until:	
	Interest Per Diem: \$	
To W	nom it May Concern:	
receip	ot of the above amount, you are instructed erly released.	ment in full for the above referenced account. Upon d to surrender the documents of the title, with the lien DRWARD TITLE TO:
	PLEASE PC	orward file to.
	Registered Ov	wner/Borrower/Buyer:
Me	ember/Registered Owner Signature	Phone Number
	Print Name	Social Security Number (optional)
Addre	SS	

<u>Please note</u>: The Credit Union does not finance salvaged vehicles or branded titles.