

PAYOFF AUTHORIZATION

Current Lienholder: _____

Lienholder Phone Number: _____

Lienholder Account/Loan Number: _____

Year: _____ Make: _____ Model: _____ VIN/Serial

Number: _____ Mileage: _____

To the Loan Payoff Department:

I, _____, authorize _____
Member Printed Name Current Lienholder

to provide payoff information to Tower Federal Credit Union for the above listed account/loan number.

Upon payoff of the loan securing the above mentioned collateral, please send the certificate of title and/or release of your security interest to:

Tower Federal Credit Union, Attn: Loan Servicing, 7901 Sandy Spring Road, Laurel, MD 20707

Thank you for your prompt attention.

Member's Signature_____
Date

Office Use Only:

Check# _____ in the amount of \$ _____ payoff good through _____