

# Vehicle Loan Payoff Quote Authorization



I, \_\_\_\_\_, hereby authorize University Federal Credit Union (UFCU) to release the payoff balance due on my:

**Year** \_\_\_\_\_

**Make** \_\_\_\_\_

**Model** \_\_\_\_\_

**VIN** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Attention** \_\_\_\_\_

I understand that funds received after the payoff date shown below will be subject to additional fees or finance charges and may delay the release of lien.

Please fax completed form to (512) 421-7455 for processing.

\_\_\_\_\_  
Member's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Daytime Number

## Credit Union Use Only

Payoff Amount	\$ _____	Good Through _____	Completed By _____
------------------	----------	-----------------------	--------------------

Federally insured by NCUA