



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 _____