



Authorization for Auto Loan Payoff

Members, please complete Sections 1, 2 & 3 of this form; sign and fax back to Affinity at 908.860.3880.

Section 1 – Member & Vehicle Information

Member Name:

(Current Owner of Vehicle)

Account Number:

(Where vehicle currently financed)

Vehicle Identification Number:

Vehicle Make:

Model:

Year:

Section 2 – Current Lien Holder Information

Lien Holder Name:

Lien Holder Address:

Lien Holder City:

State:

Zip:

Section 3 – Member Signature

I authorize Affinity Federal Credit Union to pay off the loan to the lender indicated above. In addition, I agree to assign Affinity Federal Credit Union as Loss Payee on said vehicle on my insurance policy.

X

Signature of Owner/Principal

Date (MMDDYYYY)

Section 4 – Authorization *(for office use only)*

The above hereby authorizes and directs you to accept from Affinity Federal Credit Union, the loan pay-off due you on his/her account in the amount of:

\$

Enclosed please find a check for the above referenced account concerning our mutual customer listed above. Please send Certificate of Title to:

Affinity Federal Credit Union

73 Mountain View Blvd.

PO Box 621

Basking Ridge, NJ 07920

Attention: Consumer Loan Department

A postage paid envelope has been provided for your convenience. **Please be sure to enclose a copy of this Authorization along with the Certificate of Title.**

If you should have any questions, please do not hesitate to call our Consumer Loan Sales Department at 800.325.0808 ext. 3888 between the hours of 8:00 am and 4:30 pm, Monday through Friday.

For Affinity Federal Credit Union Use Only