



# Authorization for Loan Payoff Please print or type.

**Please complete all requested information and mail or FAX to:**

Qualstar Credit Union • P.O. Box 96730 Bellevue, WA 98009 • Phone (800) 848-0018 • FAX (425) 401-1578

Date \_\_\_\_\_

I/We(Owner's Name) \_\_\_\_\_  
authorize the institution below to accept the enclosed payoff for my/our vehicle loan referenced below.

**Vehicle Information:**

_____	_____	_____	_____	_____
<i>(Year)</i>	<i>(Make)</i>	<i>(Model of vehicle)</i>	<i>(License Plate #)</i>	<i>(State)</i>
_____			_____	
<i>(VIN - Vehicle Identification # found on your registration)</i>			<i>(Vehicle Mileage)</i>	

**Financial Institution Information:**

_____	_____
<i>(Name of Institution you owe)</i>	<i>(Phone number)</i>
_____	
<i>(Loan account number)</i>	<i>(Payoff Amount, QCU to complete)</i>

Please endorse and surrender any documents of Title you have in your possession.  
In the case of a paperless title, please surrender an Affidavit in Lieu of Title.

**Please forward the Title or Affidavit in Lieu of Title for the above referenced vehicle to:**

**P.O. Box 96730  
Bellevue, WA 98009  
(800) 848-0018 EXT 4708**

\_\_\_\_\_  
*(Signature of Borrower/Auto Owner)*

\_\_\_\_\_  
*(Signature of Borrower/Auto Owner)*

<b>CREDIT UNION USE ONLY:</b> QCU ACCOUNT _____ APP _____
P/O _____ G/T _____ P/D _____ BY _____
ADD _____