QUALSTAR™ CREDIT UNION Authorization for Loan Payoff Please print or type.

Please complete all requested information and mail or FAX to:
Qualstar Credit Union • P.O. Box 3050 Bothell, WA 98041 • 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:

_____

(Year) *(Make)* *(Model of vehicle)* *(License Plate #)* *(State)*

_____

(VIN - Vehicle Identification # found on your registration) *(Vehicle Mileage)*

Financial Institution Information:

_____

(Name of Institution you owe) *(Phone number)*

_____

(Loan account number) *(Payoff Amount, **QCU to complete**)*

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 3050
Bothell, WA 98041
(800) 848-0018 EXT 4708

_____

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

CREDIT UNION USE ONLY: QCU ACCOUNT_____ APP_____

P/O _____ G/T _____P/D _____ BY_____

ADD_____