

AUTHORIZATION FOR PAYOFF

	License Plate Number
Vehicle Identification Number:	Make of Vehicle:
Date:	City:

Lender Name: _____

Account Number: _____

Lender Phone Number: () _____ - _____

Lender Address: _____

The undersigned hereby authorizes and directs you to accept from:

SCHOOLSFIRST FCU
 PO BX 11547
 SANTA ANA CA 92711
 (ELT# W36)

or order, the payoff due you on my account in the amount of \$_____ good through:
 _____ and to surrender to them, or order, the properly endorsed Certificate of
 Ownership to the above described vehicle.

Print Name: _____

Signature: _____

For SchoolsFirst FCU use only: Re: _____ User _____
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