

APP#:	-
Last Name:_	(Office use only)

Payoff Authorization Letter

Date:				
hicle Payoff Info	rmation			
Name of Financial Institu				
Payoff Telephone Numb	er:			
Payoff Account (Loan) N	umber:	_		
Account Owner(s):				
hicle Description	1			
Vehicle Identification Nu	mber (VIN):			
Vehicle Year:	Vehicle Make:		Vehicle N	Model:
release any inf the title througl	I agree this payoff amoustion regarding the and the Electronic Lien and tions in regards to the purion.	above vehicle, i d Title (ELT) sy	including mailing stem, to the addr	the title or releasing ress below. If you
Attı P.C	ndolph-Brooks Federal n: Consumer Lending D. Box 2097 versal City, TX 78148			
Thank you,				
Signature (Men	nber or Owner)	Date		
Signature (Men	nber or Owner)	Date		

1-800-580-3300 P.O. Box 2097, Universal City, TX 78148-2097

L121 PayoffAuthoLtr R 01-18-2019