PAYOFF AUTHORIZATION

Current Lienholder: _____

Lienholder Phone Number: _____

Lienholder Account/Loan Number: _____

Year: _____   Make: _____   Model: _____ VIN/Serial

Number: _____   Mileage: _____

To the Loan Payoff Department:

I, _____, authorize _____

        Member Printed Name   Current Lienholder

to provide payoff information to Tower Federal Credit Union for the above listed account/loan number.

Upon payoff of the loan securing the above mentioned collateral, please send the certificate of title and/or release of your security interest to:

Tower Federal Credit Union, Attn: Loan Servicing, 7901 Sandy Spring Road, Laurel, MD 20707

Thank you for your prompt attention.

_____   _____

Member's Signature   Date

Office Use Only:

Check# _____ in the amount of $_____ payoff good through _____