

AUTHORIZATION FOR AUTOMOBILE PAYOFF

_____, _____ 20____
(City and State) (Date)

I (We) _____
Do hereby authorize *Union Wallowa Baker Federal Credit Union*
To make payoff on my (our) Automobile, Make _____
Model _____ Year _____
VIN # _____;
Balance due \$ _____,
Good thru (15 day payoff) _____,
Account # _____,
Payable to _____,
who I (We) here by authorize to deliver to bearer ownership certificate,
insurance policy original contract, and any other document, credit, or
refund held in connection with this account to the address below.

(Signature) (Signature)

**Remit to: Union Wallowa Baker Federal Credit Union
Attention: Loan Department
PO Box 3010 / 3 Depot Street
La Grande, OR 97850**