

Automobile Refinance Information Form

In order for the Credit Union to pay off a motor vehicle loan at another financial Institution, the following information must be provided. **Please complete this form and return it with the current registration, insurance binder and driver's license for each applicant.** You may fax to 860.291.6475 or return it to any branch.

FINANCIAL INSTITUTION INFORMATION

Institution Name: _____

Account Number: _____

Payoff Address: _____

Phone # & Contact: _____

Pay off amount: \$ _____ Paid thru date: _____ Per Diem/Daily Interest: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Odometer Reading: _____

Options and color: _____

Body Style (i.e. EX, LS, Ext. Cab): _____

Vehicle Options:	Navigation System	Rear Entertainment System	Premium Stereo
	Power Sunroof	Diesel Engine	Alum/Alloy Wheels
	Leather Seats	Power Seats	4WD/AWD

Vehicle Identification #: _____

State of registration: _____ Name(s) of Registrant(s): _____

I/We authorize you to provide to American Eagle Financial Credit Union any and all information that they request, including but not limited to a payoff figure on the above referenced account.

Date: _____

Borrower: _____ Co-Borrower: _____

Member Signature: _____ Member Acct #: _____