

VEHICLE REFINANCES

(Please fill out completely)

37. 1. 37		-688-0181 ext
Member Name:		
ALL REFINANCES:		
Copy of vehicle registration		
Power of Attorney (attached): Signed by al Authorization for Payoff (attached): Signed		•
☐ Vehicle Inspection: Your loan officer will ta	ke a picture of the vehic	ele at Maps Credit Union.
☐ Financing Institution/Payoff Information		
Name of financing institution:		
Phone number of institution: ()		
Account number:		
Payoff Address:		
		Zip

POWER OF ATTORNEY FOR TRANSFER OF VEHICLE

I authorize the person or firm named below to act as my representative and to sign my name to any forms necessary concerning the titling and/or registration of the vehicle described below.

THIS POWER OR ATTORNEY MAY NOT BE TRANSFERRED TO ANY OTHER PERSON OR FIRM

AUTHORIZATION FOR PAYOFF		
Date:/		
To:		
(Financial Instit	ution Name)	
I/We do hereby authorize Maps Credit Union to make	te payoff on my/our vehicle.	
Name(s) on account:		
Account number: Balan	ce due and payable: \$	
Vehicle Description:		
Year: Make:	VIN:	
Mail the properly endorsed certificate of title to:	Maps Credit Union ATTN: Title Processing PO Box 12398, Salem OR 97309	
Signed: X		
X		

ASSIGNMENT OF LIEN: You are hereby authorized to deliver to bearer ownership certificate, insurance policy, original contract, and any other document, credit or refund held in connection with this account. By endorsing, negotiating, or taking proceeds of the attached check, payee agrees to release its lien in the described collateral and to forward the title certificate within 5 days from the receipt of the check to the address above. Payee assigns payee's security interest to Maps Credit Union until the title certificate change has been processed by DMV.

Maps LOAN OFFICER: retain copy of signed form for loan file