



Please email or fax to the following locations:

Email - [LOPayoff@firstharvestcu.com](mailto:LOPayoff@firstharvestcu.com)

Fax - 856-232-6301

## **PAYOFF REQUEST FORM**

<b>PERSON/COMPANY REQUESTING PAYOFF:</b>	
<b>MEMBER NAME:</b>	
<b>ACCOUNT NUMBER</b>	
<b>SSN/TIN:</b>	
<b>TYPE OF LOAN:</b>	
<b>YEAR (if applicable):</b>	
<b>MAKE (if applicable):</b>	
<b>MODEL (if applicable):</b>	
<b>VIN # (if applicable):</b>	

<b>GOOD THROUGH DATE:</b>	
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<b>MEMBER'S SIGNATURE:</b>		<b>DATE:</b>	
<b>RETURN FAX NUMBER/ E-MAIL:</b>			
<b>RETURN ADDRESS:</b>			