



Please email or fax to the following locations:

Email - LOPayoff@firstharvestcu.com

Fax - 856-232-6301

PAYOFF REQUEST FORM

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

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