



Credit Payoff Form

Date: _____

Please use the enclosed funds to payoff:
(Check One) loan line of credit credit card

Account number: _____

ACCOUNT INFORMATION:

Payoff Amount: _____ Date of: _____ Payoff: _____

Customer Signature: x _____ Date: _____

Printed Name: _____

Customer Signature (joint signer): x _____ Date: _____

Printed Name: _____

Please send receipt of account closure to me at the following address:

Name: _____ Social Security #: _____ - _____ - _____

Address: _____

Phone Number: _____ Alternative Ph.# _____