



CHECKLIST TO PAYOFF VEHICLE AT ANOTHER INSTITUTION

****YOU MAY BE REQUIRED TO PAY A \$100.00 FEE TO THE STATE FOR RECORDING OF THE TITLE****

Year _____

Make _____

Model _____

VIN _____

Mileage _____

10 Day Payoff \$ _____

Payoff Good until _____ Per diem _____

Account# to be paid _____

Names on Acct to be paid _____

Check payable to _____

Address to Mail Payoff

(Please note that this address is usually different than the address on your coupon book
So please verify payoff address when you call for your payoff.)

Email form to: loans@healthcarefirstcu.com

Johnstown Loan Dept Fax: 814-535-5196

Altoona Loan Dept Fax: 814-695-6298