



Loan Payoff Request

Date: _____

Acct # _____ Collateral: _____

Payoff date: _____ Payoff amount \$ _____

Per Diem: _____

Mailing address: _____

I/We hereby authorize _____ to provide the information requested above to Winthrop Area Federal C U.

Date

Date

Please fax information to (207) 377-2767 or call the loan department at 1.800.511.1120.

94 Highland Avenue * PO Box 55 * Winthrop, Maine 04364
(207) 377-2124 * FAX (207) 377-2767

Website: www.winthropcreditunion.org Email: info@winthropcreditunion.org