Key Easy Transfer Kit
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: _____

X _____ _____
Customer Signature Date

_____
Printed Name

X _____ _____
Customer Signature (joint signer) Date

_____
Printed Name

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

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

_____ Alternative Phone Number: _____