



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 _____ Date _____
Customer Signature

Printed Name

X _____ Date _____
Customer Signature (joint signer)

Printed Name

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

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

_____ Alternative Phone Number: _____