

**Auto Refinance Worksheet\***

Description of Vehicle:

List of Options/Accessories

Make: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

VIN #: \_\_\_\_\_

Mileage: \_\_\_\_\_

Current loan \$ \_\_\_\_\_

**IF THERE IS A LIEN ON THIS VEHICLE, PROVIDE THE FOLLOWING INFORMATION:**

Name of Lien holder: \_\_\_\_\_

Address of Lien holder: \_\_\_\_\_

Account/Lease Number (required): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Ten Day Payoff amount: \$ \_\_\_\_\_ DATE Payment good thru: \_\_\_\_\_

**A COPY OF THE VEHICLE REGISTRATION CARD AND A COPY OF THE LOAN PAYMENT COUPON MUST BE ATTACHED TO THIS AGREEMENT.**

Signature of Owner

Contact Number of Owner

Signature of second vehicle owner

Date

**Documentation is required prior to disbursement of the loan showing full coverage Insurance (comprehensive/collision) and listing Riverside Credit Union as lien holder.**

**My signature authorizes the release of any information regarding the above mentioned loan and payoff to Riverside Health System Employees Credit Union.  
Fax number: 757- 594- 3644 Office number: 757-594-2030**

*THERE IS NO LIEN ON THIS VEHICLE, THEREFORE I AM ATTACHING THE TITLE, OR A COPY OF THE TITLE, TO THIS AGREEMENT IN ORDER TO EXPEDITE THE APPROVAL OF THE APPLICATION FOR A LOAN.*

(Form revised 10/2011)