

AUTHORIZATION FOR THIRD PARTY PAYOFF

I/We hereby aut	thorize and instruct				to
	tland Credit Union (Pa				
on the account	number	i	n the	name	(s) of
				I	My/our
	ation Number				
Upon receipt of the	payoff amount, pleas	e release vour lien	and m	ail title	to:
op on receipt or and	pujon umoum, prous	5 1010000 J 0 002 11011			
	Heartland C	redit Union			
	2213 West Whi				
	Springfield.				
	Attn: Titl				
	Attii. Hu	ie Ciei k			
X		X			