



Vehicle Refinance Form

This information will be used by Virginia Credit Union to assist you in the refinancing of your vehicle.
You will need a copy of the vehicle registration in order to refinance your loan.

Borrower Name: _____

Co- Borrower Name (if applicable): _____

Year of Vehicle: _____

Make/Model/Trim: _____ / _____ / _____

Mileage: _____

VIN #: _____

Name of Lien Holder (Financial Institution): _____

Phone number of Lien Holder: _____

Current Loan Number: _____

Name(s) on current loan: _____

State the vehicle will be titled in: _____

Name(s) to be listed on the title: _____

10 Day Payoff and Daily Interest: _____

Overnight Address for Lien Holder: _____

Please return your *completed Vehicle Refinance Form*, a *copy of your current vehicle registration* and your *10 Payoff letter* to your assigned processor by one of 2 convenient options:

E-mail: lendingprocessors@vacu.org

Fax: (804) 267-5408 or (866) 436-9767

By signing below, I give my permission to have the vehicle title released to Virginia Credit Union and for Virginia Credit Union to be recorded as the lien holder on the title. I also take responsibility for any balances owed if the payoff amount received is not enough to payoff the total balance owed.

I authorize the current lender to give a 10-day payoff concerning my vehicle to Virginia Credit Union, Inc.

Borrower Signature: _____ Date: _____