



Vehicle Refinance Form

This information will be used by Virginia Federal 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 Lienholder (Financial Institution): _____

Phone number of Lienholder: _____

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 Lienholder: _____

Please return your *completed Vehicle Refinance Form* and a *copy of your vehicle registration and your 10 day Payoff Letter* to your assigned processor by 1 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 release to Virginia Federal Credit Union and for Virginia Federal Credit Union to be recorded as the lienholder 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. The lien recording fee varies in each state.

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

Borrower Signature: _____ Date: _____