

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*:	
(*Provide a Physical Address for Lienholder, PO BOX Address not accepted)	
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 Union	vehicle to Virginia Federal Credit
Borrower Signature:	Date: