



## REFINANCE PACKET

Dear HFCU Member,

Attached you will find the documents to assist you when refinancing a vehicle from another institution. These are needed in order to complete this transaction and payoff the current lien holder of the vehicle.

Below are steps to continue the processing of your vehicle refinance:

1. Provide us with a copy of one of the following: (A.) Title - if available to you, this is preferred, (B.) Current Registration, or (C.) Memorandum copy of title. Please note that in some instances we may ask for more than one of the items listed.
2. On the Refinance Worksheet please complete the vehicle information section and lender information for your vehicle. Submitting a partially completed form could delay the process.
3. Complete and sign the Authorization for Disclosure and Receipt of Pay-off. This is required so we may obtain the payoff information from the current lien holder.
4. Complete Power Of Attorney Forms in order to obtain title from lienholder.

At any time during this process if you have a question, please do not hesitate to call us at **1-800-63-HONDA**.

Return this completed packet to your branch. To expedite your loan, fax numbers are provided below.

### Branch Fax Numbers

Alabama 205-355-5820  
Marysville 937-642-5184  
Timmons ville 843-346-6100

Anna 937-498-5618  
Torrance 310-781-6615  
Marysville Community 937-642-0064

East Liberty 937-644-6768  
Russells Point 937-843-4624



1-800-63-HONDA (634-6632)

**REFINANCE WORKSHEET**

**Vehicle Information:**

Owner(S) As Listed On Title: \_\_\_\_\_

Owner(S) Address As Listed On Title: \_\_\_\_\_

\_\_\_\_\_

Rebuilt Salvage Title—Yes \_\_\_\_ No \_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Make (I.E. Honda): \_\_\_\_\_ Model(I.E. Accord): \_\_\_\_\_

Series(I.E. Lx): \_\_\_\_\_ Style(4d Sedan V6): \_\_\_\_\_

Mileage: \_\_\_\_\_ Auto/Manual Transmission: \_\_\_\_\_

List Options (I.E. Leather): \_\_\_\_\_

\_\_\_\_\_

**Finance Information:**

Current Bank/Finance Co: \_\_\_\_\_

Payoff Address: \_\_\_\_\_

\_\_\_\_\_

Ph: \_\_\_\_\_ Loan Account No: \_\_\_\_\_

10 Day Payoff Amt: \_\_\_\_\_ Date Payoff Info Rcvd: \_\_\_\_\_

Auto Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent's Ph: \_\_\_\_\_

**Office Use Only:**

Amount Refinanced: \_\_\_\_\_ Reg/Title/Tax Fees: \_\_\_\_\_

Reg/Title Tax Fees From: Savings \_\_\_\_\_ Checking \_\_\_\_\_ Incl W/Loan \_\_\_\_\_

POA On Name On Title (If Applicable): \_\_\_\_\_

**Any Manufacturers's Automobile, Motorcycle, Atv Or Pwc Can Be Refinanced  
Maximum Loan Amount on Rebuilt Salvage Titled Vehicles, will be financed at no more than 100% Wholesale  
value. Terms could be limited.**



1-800-63Honda

## Authorization For Disclosure and Receipt Of Pay-Off

Date:

Attention (Lien holder):

The undersigned hereby authorizes you to provide the pay off good for ten (10) business days on the described vehicle either verbally or in writing to Honda Federal Credit Union (HFCU).

Debtor:

Loan Number:

Year/Make/Model:

Vehicle Identification Number:

The undersigned further authorizes and directs you to accept from HFCU, the pay off due on the above described loan account. In return, please sign off on the front of the title and mail the title to Honda Federal Credit Union in the enclosed stamped envelope.

I hereby authorize and direct that the above requests be complied with.

Signed \_\_\_\_\_

**Alabama Office**

1800 Honda Drive  
Lincoln, AL 35096  
Fax: 205-355-5820

**Marysville Office**

19775 State Route 739  
Marysville, OH 43040  
Fax: 937-642-5184

**Timmons ville Office**

1111 Honda Way  
Timmons ville, SC 29161  
Fax: 843-346-6100

**Anna Office**

12500 Meranda Road  
Anna, OH 45302  
Fax: 937-498-5618

**Torrance Office**

1919 Torrance Blvd  
PO Box 2290  
Torrance, CA 90509  
Fax: 310-781-6615

**Marysville Community Office**

17655 Echo Drive  
Marysville, OH 43040  
Fax: 937-642-0064

**East Liberty Office**

11000 State Route 347  
East Liberty, OH 43319  
Fax: 937-644-6768

**Russells Point Office**

6964 State Route 235 N  
Russells Point, OH 43348  
Fax: 937-843-4624

**Honda Federal Credit Union**  
**Power of Attorney from Customer**  
Certificate of Title

Know All Men By These Presents

That I, \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

of \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_ Ohio, do hereby make, constitute and appoint

HONDA FEDERAL CREDIT UNION my true and lawful attorney for me and in my stead and behalf to do the following

with the same force and effect as if same had been done by me.

Assignment

For and on my behalf to make application for a certificate-of-title for a \_\_\_\_\_  
Year Make Model

Serial No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

Sworn before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Honda Federal Credit Union

Copy

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**Power of Attorney from Customer**  
Certificate of Title

Know All Men By These Presents

That I, \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

of \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_ Ohio, do hereby make, constitute and appoint

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\_\_\_\_\_  
Signature of Owner

Sworn before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Clerk of Courts Copy