



Partners Capital Finance, LLC

AUTHORIZATION FOR PAYOFF

DATE ____ / ____ / ____

LENDER NAME _____

PHONE NUMBER _____

MAILING ADDRESS _____

ACCOUNT HOLDER NAME _____

ACCOUNT NUMBER _____

SOCIAL SECURITY NUMBER _____

VEHICLE ID NUMBER _____

VEHICLE YEAR/MAKE/MODEL _____

The undersigned hereby authorizes and directs you to accept payment and documentation from:

**PARTNERS CAPITAL FINANCE, LLC
2640 JACKSON BOULEVARD, SUITE 7
RAPID CITY, SD 57702**

The payoff due to the institution on my account in the amount of \$_____ good thru _____ and to surrender to them, or order, the properly endorsed Certificate of Title/Ownership to the above referenced vehicle. I UNDERSTAND THAT THIS PAYOFF WILL BE SENT WITHIN THE NEXT THIRTY (30) DAYS FROM THE DATE OF SALE, AND I MUST CONTINUE TO MAKE PAYMENTS UNTIL THE ACCOUNT HAS BEEN SATISFIED IN FULL.

Printed Name: _____

Signature: _____