



ACCOUNT AUTHORIZATION

My account _____ is being paid in full by Community South Credit Union.
(account #)

I, _____ authorize

_____ to speak with
(current lien holder)

representatives from Community South Credit Union regarding my account balance and/or

payoff amount as well as any title and/or lien release issues that may arise after the payoff

has been made. When the payoff is received, I also authorize the title to be mailed/released

directly to:

**Community South Credit Union
Attention: Title Department
P.O. Box 623
Chipley, FL 32428**

Account holder signature

date

Signed before me this _____ day of _____, 20_____

by _____, who is personally known to me

or has produced _____ as identification.

Notary

date

(seal)