

To Whom It May Concern:

I/We

give \_\_\_\_\_ permission to accept and use the  
enclosed check from HealthCare Associates Credit Union to pay off the loan secured by my/our  
and to convey the

title to HealthCare Associates Credit Union at the following address:

HealthCare Associates Credit Union  
1151 E Warrenville Rd  
Naperville, IL 60566-7053

X \_\_\_\_\_

X \_\_\_\_\_

Date

X \_\_\_\_\_

X \_\_\_\_\_

Date