

To Whom It May Concern:

I \_\_\_\_\_ and \_\_\_\_\_  
give \_\_\_\_\_ permission to accept and use the  
enclosed check from HealthCare Associates Credit Union to pay off the loan secured by my \_\_\_\_\_  
and to convey the  
lien-free title to HealthCare Associates Credit Union at the following address:

HealthCare Associates Credit Union  
2441 Warrenville Rd., Suite 400  
Lisle, IL 60532

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_