

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 _____