



PAYOUT REQUEST

Please fax payout requests to: **1-888-303-2181**

You may also email this form to: **info@rifco.net**

Date: _____

CUSTOMER INFORMATION

Customer Name: _____

Customer Phone Number: _____

Complete Address: _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____

VIN: _____

AUTHORIZATION

I authorize RIFCO NATIONAL AUTO FINANCE to release my payout request with respect to the vehicle above.

Customer Signature: _____

RIFCO PARTNER DEALERSHIP: _____ ATTN: _____

RIFCO PARTNER DEALERSHIP EMAIL / FAX: _____

Payout Amount: _____ Interest Per Day: _____

Good to Date: _____ Next Payment Date: _____

Rifco Agent Initials: _____

This payout amount is valid **providing all past payments from the customer's account clear.**