

Please fax payout requests to 1-888-239-6450  
You may also email this form to customerservice@capitaltrustfinancial.com

Date: \_\_\_\_\_

**CUSTOMER INFORMATION**

---

Customer's Full Name: \_\_\_\_\_

Customer's Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

**VEHICLE INFORMATION**

---

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**AUTHORIZATION**

---

I authorize Capital Trust Financial to release my payout request with respect to vehicle above.

Customer Signature: \_\_\_\_\_