United Savings Bank

Loan Payoff Request Form

Date: _____

Loan Number: _____-_____
Effective Payoff Date: _____
Borrower Name: _____

How would you like to receive your payoff?
Check next to one of the following:

___Fax ____E-Mail ____USPS Mail
Fax No:_____ E-Mail Add.: _____

Please note United Savings Bank will not be held responsible if the email address provided is invalid and/or returned "undeliverable", if the fax number given is incorrect and/or delays in postal mailing servicing.

1.Please know that there is 48 hour processing time
2. No payoff figures can be given via telephone.
3. Acceptable forms of payments are Bank Check, Money Order, or Certified Check. (No personal checks allowed)
4. Please send loan payoff form to loan department via:
Fax (215)467-1149
Email info@unitedsavingsbank.com or
US Postal Service to:
United Savings Bank
Attn: Loan Dept
1510 Packer Ave
Phila, PA 19145

By executing this request you acknowledge that all policies and procedures have been relayed to you by United Savings Bank.

Signature:_____