

Instructions for Insurance Companies regarding Letter of Guarantees:

EECU requires a Settlement Letter from the Insurance Company signed by EECUs member(s). Within the Settlement Letter **ALL** information listed below is required:

- 1. Name of Insurance Company
- 2. Agent's Name
- 3. Phone number, fax number and email address for Insurance Company
- 4. Insurance Company's full address
- 5. Member(s) Name
- 6. Vehicle Information
 - a. VIN
 - b. Year
 - c. Make
 - d. Model
- 7. Claim number from Insurance Company
- 8. Settlement Amount

Attached is an example of the required Settlement Letter. It is the Insurance Company's responsibility to send the Settlement Letter to the member to complete and sign. It is also the Insurance Company's responsibility to obtain all the information listed above.

<u>Obtaining a 10-day payoff</u>: Member must contact EECU at 817-882-0800 to obtain 10-day payoff, then provide the 10-day payoff to the insurance company. Or the member must contact EECU at 817-882-0800 and inform EECU's representative that they are allowing the Insurance Company the authority to obtain a 10-day payoff.

Insurance Company must then have EECUs member(s) <u>fax the completed, signed document to: 817-252-3922</u> <u>attention Direct Loan Servicing Specialist</u>. Once the completed, signed Settlement Letter is received EECU will email/fax the Letter of Guarantee next business day to the Insurance Company.

Once the Insurance Company receives the Letter of Guarantee from EECU, the insurance company needs to remit payment to:

Overnight: EECU Regular Mail: EECU

2532 Cullen Street P.O. Box 1777

Fort Worth, TX 76107 Fort Worth, TX 76101

Attn: Direct Loan Servicing Specialist Attn: Direct Loan Servicing Specialist

Once EECU receives and processes the settlement check, EECU will then mail the released title on the 5th business day to the insurance company.

For any additional questions contact EECUs Direct Loan Servicing Department directly at 817-882-0818.

Settlement Letter

Settlement letter must be complete. Member(s), along with the insurance agent must confirm the accuracy of information below, sign and date.

	Insurance Company Name:	·····	
	Insurance Company Address:		
	Insurance Agent:		
	Agent's Phone #:		
	Insurance fax #:		
	Member(s) Name:		
	VIN:		
	Year:		
	Make:		
	Model:		
	Claim # (if applicable):		
I/We_	(Member(s) printed name)	, have settled	with the insurance company,
(Insuran	, and have agreed to the settlement ce name)	amount of \$	'
Settle	will provide the insurance company a Letter of Guarante ment Letter. Once the settlement proceeds have been a siness day to the Insurance Company. Members' are res	applied to the loar	n, EECU will mail the released title on the
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	per(s) signature		Date
Memb	er(s) signatures signature		Date

Attention: Direct Loan Servicing

^{*10-}day payoff: Member must contact EECU at 817-882-0800 to authorize a 10-day payoff.