## Title Instructions for Updating a Lienholder Refinanced Vehicle-RESIDENTS OF FLORIDA

## To update the lienholder information to DFCU Financial:

The previous lien must be released prior to visiting your local DMV office. If your title is not electronic, you will need to have the original title and lien release to process the Notice of Lien to DFCU Financial. Also, please bring this document, registration, proof of insurance and valid driver's license to your local Department of Motor Vehicles Service Center.

Secured Party Name and Address to be added along with the Lienholder Code:

DFCU FINA 400 TOWN DEARBORN	DMV ACCOUNT# / LIENHOLDER CODE: 0205952900							
APPLICAT	ION FOR ICE TO FII MPLETED IF A MPLETED IF F	AFETY AND MOT ORM TO YOUR WWW.flhsn NOTICE OF I RST LIENHO DDING AN ORIGIN EASSIGNING A LI	LOCAL TAX C nv.gov/offices/ LIEN / REAS LDER OF SL AL LIEN. EN.		OR OFFICE	OR	ILE HOME	
1) DESCRIPTION OF MOT	OR VEHICLI	E, MOBILE HON				SEL DES	CRIPTION	
IDENTIFICATION NUMBER			VESSEL REG	ISTRATION	NUMBER			
MAKE/MANUFACTURER Y			MODEL	MODEL		WTLGTHBHP		
COLOR		E		USE				
CERTIFICATE OF TITLE NUMBER		PREVIOUS	ISSUE DATE	UE DATE		LICENSE PLATE NUMBER		
	2) NOTIC	E OF LIEN - LI		FORMAT				
FEID#		Driver License Number and Sex and Date of Birth						
DATE OF LIEN		ME		LIENHOLDER'S E-		-MAIL ADDRESS		
LIENHOLDER ADDRESS			CITY			STATE	ZIP CODE	
LIENHULDER AUURESS		Citt				STATE	ZIP CODE	
Electronic title and lien participar (check box and countersign, (DO ne of the following boxes must be A security agreement, retain title notice of lien. This notice of lien is being filed <u>b</u> is being executed. NOER PENALTES OF PERJURY OCUMENT AND THAT THE FACT	epartment to sen ES NOT APPL1 checked. contract, conditi efore a security I (WE) DECLA	d title to the owner, <b>' TO VESSELS)</b> onal bill of sale, cha agreement, retain til <b>RE THAT I (WE) H</b>	ttel mortgage or oth le contract, conditio	er similar in nal bill of sa	ale, chattel mortgag	uted <u>prior</u> to	the filing of th	
Signature of Registere	d Owner			Signature of	Registered Co-Owner	(		
Print Name of Registe	red Owner			Print Name of	Registered Co-Owne	*		
Street Address (O					eet Address (Co-Owne			
ity	State	Zip Code	City		State		Zip Code	

If you have any questions, please feel free to contact us. email: titleservices@dfcufinancial.com phone: 313.216.3449 fax: 313.322.8435

For detailed information or to schedule an appointment, please visit them online at <u>flhsmv.gov</u>

