

Authorization to Transfer Credit Card Balances

Name _____ Account # _____

I hereby authorize KPCU to pay the amount indicated to the card issuer shown by issuing a check and adding the amount to my KPCU Visa Credit Card Account. I understand that the amount transferred combined with my current balance cannot exceed my current credit line.

Check one of the boxes

Deposit Rebate in my: Savings Checking Account # _____

Or Apply Rebate to the balance of my Credit Card Account

Card Issuer _____ Account # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____

Card Issuer _____ Account # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____

Card Issuer _____ Account # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____

Card Issuer _____ Account # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____

Credit Card Limit Increase Request

Desired Credit Limit \$ _____

KPCU Visa Account # _____

Annual Income \$ _____ Monthly Housing Payment \$ _____ Own Rent

Card Holder Signature _____ Date _____