



Main Branch:
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Portland, OR 97220
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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 following:

- Deposit Rebate in my: Savings Checking Account # _____
 Apply Rebate to the balance of my Credit Card Account

Card Issuer _____ Card # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____ Card Interest Rate: _____

Card Issuer _____ Card # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____ Card Interest Rate: _____

Card Issuer _____ Card # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____ Card Interest Rate: _____

Card Issuer _____ Card # _____

Address _____ City _____ State _____ Zip _____

Pay This Amount \$ _____ Card Interest Rate: _____

Credit Card Limit Increase Request

Desired Credit Limit \$ _____ KPCU Visa Account # _____

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

Card Holder Signature _____ Date: _____

For Internal Use Only:

Received by: _____

Processed By: _____

Date: _____