



BALANCE TRANSFER AUTHORIZATION

I request that you make a balance transfer against my University of Kentucky Federal Credit Union Visa, Card # _____.

Amount \$ _____

I authorize and direct the University of Kentucky Federal Credit Union to use that balance transfer to pay off the outstanding balance(s) of the following account(s):

Card Issuer _____

Account # _____

Payoff Address _____

Specific Amount to Pay \$ _____ Close Account? Yes No

Card Issuer _____

Account # _____

Payoff Address _____

Specific Amount to Pay \$ _____ Close Account? Yes No

I have indicated a desire to close the account(s) shown above. You are further authorized and directed to close the account(s) on my behalf. The attached statement(s) reflects the outstanding balance on the account(s) as of this date. If the amount of the balance transfer is not sufficient to pay off the entire balance, I am responsible for the remaining balance.

Signature _____ Date _____

Name _____ Phone # _____

Social Security # _____ Member # _____

Note: You must still make monthly payments on any accounts you transfer until notified by UKFCU.