



UNIVERSITY OF KENTUCKY
FEDERAL CREDIT UNION

CU Representative: _____

1730 Alysheba Way, Lexington, KY 40509
Telephone 859.264.4200 Fax 859.264.4202

Balance Transfer Authorization

From Account Information

Member Name: _____ Account #: _____

UKFCU Card #: _____

I request that you make a balance transfer on my University of Kentucky Federal Credit Union Visa to pay the following accounts: (Please list the payment address on your most recent statement or bill).

Creditor Information for Transfer

Creditor to pay #1: _____

Account #: _____ Transfer Amount: _____

Payment Address: _____

Creditor to pay #2: _____

Account #: _____ Transfer Amount: _____

Payment Address: _____

Creditor to pay #3: _____

Account #: _____ Transfer Amount: _____

Payment Address: _____

I acknowledge that these transfers will post immediately to my UKFCU credit card when processed but could take up to 14-21 business days to be received and processed by the creditor. I acknowledge that I am responsible for continuing monthly payments on any transfer accounts until notified by that creditor that the transfer has posted. If the creditor account should be closed I will notify them to close it.

Cardholder Signature

Date