

BALANCE TRANSFER AUTHORIZATION

Transfer balances from your other cards to your UK Federal Credit Union VISA or MasterCard and save! Please complete, sign and fax back to 859-264-4203.

I (We) request that you make a cash advance against my (our) University of Kentucky Federal Credit Union:

MasterCard **Visa** Amount \$ _____

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

Card Issuer _____

Account # _____

Address _____

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

Card Issuer _____

Account # _____

Address _____

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

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

Signature _____ Date _____

Name (Please Print) _____ Day Phone _____

Social Security Number _____ Member Number _____

Please check box if additional sheet is added for more balance transfers.

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