



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 #: \_\_\_\_\_

UKCU 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 UKCU 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