

Balance Transfer to your **PALCO Visa Rewards Credit Card**

13.9% APR Balance Transfer Authorization Form

APR = Annual Percentage Rate. I(we) request that the Credit Union make payment (s) to the payee (s) and in the amount (s) as designated below. I have enclosed the statement and payment envelopes for the accounts listed below. I(we) acknowledge that this transaction will be handled as a Cash Advance on my (our) credit card account and that it will incur immediate cash advance finance charges. I (we) understand that this is my (our) responsibility to pay payee(s) according to the payee's normal payment schedule and I(we) will be responsible for any late payment charges. I (we) also understand that the total payoff amount on these cards cannot exceed my (our) available line of credit. The minimum payment is 2.5% of your Total New Balance or \$10.00, whichever is greater, plus the amount of any prior minimum payments that you have not made, and any amount you are over your credit limit. The Credit Union also has the right to demand immediate payment of any amount by which you are over your limit.

Payee: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Account Number: _____

Cardholder Name: _____

Payee: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Account Number: _____

Cardholder Name: _____

Payee: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Account Number: _____

Cardholder Name: _____

Member Account #: _____ Member Name (Print): _____ Phone #: _____

Applicant Signature (required) : _____ Date: _____

Co-Applicant Signature (required if applicable): _____ Date: _____

_____ PALCO VISA Credit Card Account Number (required)

_____ Expiration

All balance transfers are subject to approval and PALCO reserves the right to refuse any balance transfer request.