



UKRAINIAN NATIONAL FEDERAL CREDIT UNION

Main Office: 215 2nd Ave, New York, NY 10003 Tel.: (212) 533-2980 Fax: (212) 995-5204
www.UkrNatFCU.org

VISA BALANCE TRANSFER REQUEST AUTHORIZATION

Please complete this form and return it to us

Customer Name _____

Creditor #1 _____

Creditor Mailing Address _____

Account # _____ Amount _____

Creditor #2 _____

Creditor Mailing Address _____

Account # _____ Amount _____

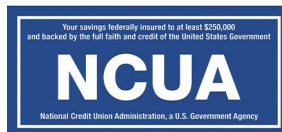
By signing below, I authorize you to bill my Ukrainian National FCU VISA account in the amount(s) listed above. I understand that you will advise me when payments is mailed or if you are unable to process my payment request for any reason.

In addition, Ukrainian National FCU will not be responsible for any charges billed to me for the account(s) indicated above.

Ukrainian National FCU VISA Account# _____

Customer signature _____

Date _____



Federally insured by NCUA