



Balance Transfer Authorization

Transfer balances from your other cards to your Expree Credit Union VISA and save!

Please complete, sign and email back to lending@expree.org or fax back to 502.564.9739.

Amount \$ _____

I (We) authorize and direct Expree Credit Union to pay off the outstanding balance of the following account(s):

Card Issuer _____

16 Digit Account # _____ Phone Number _____

Address _____

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

Card Issuer _____

16 Digit Account # _____ Phone Number _____

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 balance transfer 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 until your transfer is complete.

Hand-crafted solutions for all your financial needs.

1.833.4.expree | 100 Moore Drive Frankfort, KY 40601 | expree.org