

KIMBERLY CLARK CREDIT UNION



1520 N. Second Street, Memphis, TN 38107

Phone (901) 521-4646 or 1-800-462-7777

Fax #(901) 521-4644, MasterCard Quickline: 1-800-808-7230

Web site: www.kimberlyclarkcu.org E-mail: kccu@kimberlyclarkcu.org

AUTHORIZATION/REQUEST TO PAY-OFF OTHER CREDIT CARDS

Member's name: _____ Member # _____

Kimberly Clark Credit Union MasterCard number

5 4 9 4 6 3 _ _ _ _ _

I authorize Kimberly Clark Credit Union to pay off the balance(s) due to the following creditors by issuing a check to the accounts listed below and adding a cash advance for the total amount(s) to my Kimberly Clark Credit Union MasterCard account.

| Creditor to pay off | Card/Acct. # | Amount |
|---------------------|--------------|----------|
| _____ | _____ | \$ _____ |

Mailing address _____

| Creditor to pay off | Card/Acct. # | Amount |
|---------------------|--------------|----------|
| _____ | _____ | \$ _____ |

Mailing address _____

| Creditor to pay off | Card/Acct. # | Amount |
|---------------------|--------------|----------|
| _____ | _____ | \$ _____ |

Mailing address _____

| Creditor to pay off | Card/Acct. # | Amount |
|---------------------|--------------|----------|
| _____ | _____ | \$ _____ |

Mailing address _____

| Creditor to pay off | Card/Acct. # | Amount |
|---------------------|--------------|----------|
| _____ | _____ | \$ _____ |

Mailing address _____

I understand that the Credit Union is not responsible for my payment being late or lost in the mail, or for any outstanding charges not included in the current payoff balance. I also understand that the Credit Union will pay off my accounts in the order listed, and if my MasterCard limit is insufficient to pay in full all accounts listed, the unpaid accounts will be returned to me.

Signature of member

Date _____