

Credit Card Payment Authorization for Balance Transfers

Name _____ Member # _____

Credit Card # _____

For use by **existing MAX Credit Cardholders only and applies only to the credit card account you hold as of the date you submit this form to MAX.** Certain restrictions may apply.

If approved for a VISA or Mastercard credit card with the Credit Union, I hereby authorize the Credit Union to make an advance on my VISA or Mastercard account and pay the balance(s) of the account(s) listed below. Such advance will be treated as a cash advance under the terms of my MAX Credit Card agreement.

Creditor 1 Name

Creditor 1 Address

Account Name/Number

Balance / Date Due

Creditor 2 Name

Creditor 2 Address

Account Name/Number

Balance / Date Due

Creditor 3 Name

Creditor 3 Address

Account Name/Number

Balance / Date Due

I agree the Credit Union shall not be liable whatsoever if payment is not made correctly or timely. I agree to indemnify and hold harmless the Credit Union for any damages or other cost it may incur as a result of payment or non payment of the accounts. The Credit Union can, at its option, choose to not pay the account(s) if such payment would exceed my credit card limit or if the Credit Union deems itself unsecure. I agree that payment of the account(s) balance(s) will be made once and I am responsible for any remaining or future account balance(s), including finance charges or other charges. I agree the payment amount made by the Credit Union will be those amounts I have listed. I will attach my last statement for the account(s). I understand a FINANCE CHARGE will be incurred on the unpaid credit card balance and that I will be responsible for payment of these charges according to the terms of my MAX Credit Card agreement. The new principal balance and FINANCE CHARGES will be reflected on future monthly statements.

Member Cardholder Signature

Date