

TRANSFER AUTHORIZATION FORM
HOOSIER UNITED CREDIT UNION

Yes, I want to transfer the amount(s) shown below on the credit card account(s) to my
Hoosier United CU Visa Credit card account number: _____

I understand transfers are subject to my available credit.

Card Issuer: _____

Card Issuer: _____

Payment Address: _____

Payment Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Complete Account # _____

Complete Account # _____

Exact Amount to Pay __\$ _____

Exact Amount to Pay __\$ _____

By signing below, I certify that I have read and agreed to all the terms, authorizations, and disclosures included with this offer.

Signature(s): _____ Date: _____

Daytime Phone: __ (____) ____ - _____

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