

KIMBERLY CLARK CREDIT UNION



1520 N. Second Street, Memphis, TN 38107
(901) 521-4646 or 1-800-462-7777, Fax (901) 521-4644
www.kimberlyclarkcu.org



AUTHORIZATION/REQUEST TO PAY-OFF OTHER CREDIT CARDS

Member's name _____ Member# _____

Kimberly Clark Credit Union MasterCard # 5 4 9 4 6 3 _ _ _ _ _

I authorize Kimberly Clark Credit Union to pay the amounts listed below to the following creditors by issuing a check to the creditors and adding a cash advance for the total amount(s) to my Kimberly Clark Credit Union MasterCard account. (There is no fee to transfer a balance.)

Creditor to pay off _____

Creditor's mailing address _____

Name on statement _____

Card/Acct. # _____ Amount \$ _____

Creditor to pay off _____

Creditor's mailing address _____

Name on statement _____

Card/Acct. # _____ Amount \$ _____

Creditor to pay off _____

Creditor's mailing address _____

Name on statement _____

Card/Acct. # _____ Amount \$ _____

Creditor to pay off _____

Creditor's mailing address _____

Name on statement _____

Card/Acct. # _____ Amount \$ _____

I understand that Kimberly Clark 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 Kimberly Clark Credit Union will pay off my accounts in the order listed, and if my MasterCard limit is insufficient to pay all accounts listed, the unpaid accounts will be returned to me.

Please sign here _____ Date _____

Email address _____

Cell phone # (_____) _____