



Feb 15- March 31, 2023 3.49% for 12 months. Remaining balance will transfer to regular credit card rate.

| | | |
|------------------|---|-------------------------|
| 1. | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | Account Number |
| | <input type="checkbox"/> AmEx | |
| | <input type="checkbox"/> Discover <input type="checkbox"/> Retail | |
| Creditor Name | | |
| Payment Address | | Exact Amount to be Paid |
| City/ State/ Zip | | |
| | | \$ |

| | | |
|------------------|---|-------------------------|
| 2. | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx | Account Number |
| | <input type="checkbox"/> Discover <input type="checkbox"/> Retail | |
| | | |
| Creditor Name | | |
| Payment Address | | Exact Amount to be Paid |
| City/ State/ Zip | | |
| | | \$ |

| | | |
|------------------|---|-------------------------|
| 3. | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx | Account Number |
| | <input type="checkbox"/> Discover <input type="checkbox"/> Retail | |
| | | |
| Creditor Name | | |
| Payment Address | | Exact Amount to be Paid |
| City/ State/ Zip | | |
| | | \$ |

By signing I authorize Bourns EFCU to pay on my behalf each balance or portion of balance I have designated. I have provided a copy of each credit statement to Bourns EFCU.

| | | |
|-----------------|-------------|----------------------|
| Signature X | Date / / | Member # and Loan ID |
| Cardholder Name | | |
| Address | | |