

161 Old Route 30, Suite 2 / Greensburg, PA 15601 Phone: 724.830.5984 or 888.462.2328 / Fax: 724.830.5129 Email: fechoice@fechoice.com / Website: www.fechoice.com

VISA BALANCE TRANSFER AUTHORIZATION

I (We) request that FirstEnergy Choice Federal Credit Union pay the Card Issuer(s)/Payee(s) in the amount(s) as designated below. I (We) authorize FirstEnergy Choice FCU to issue a check and add the amount to my (our) FirstEnergy Choice FCU Visa Credit Card account. I (We) understand that the amount transferred, combined with my (our) current balance, cannot exceed my (our) current credit limit. For each credit card balance to be paid, please supply a copy of your most recent statement if available. It is your responsibility to verify that the credit/charge cards are paid in full. Transfers may take about 4 weeks to complete. Please continue to make payments on these credit cards until FirstEnergy Choice FCU notifies you that the balances have been transferred. FirstEnergy Choice FCU is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. FirstEnergy Choice FCU reserves the right to refuse any balance transfer requests.

NAME	FIRSTENERGY CHO	FIRSTENERGY CHOICE FCU MEMBER NUMBER		
ADDRESS				
CITY STATE ZIP				
HOME PHONE		WORI	K PHONE	
FIRSTENERGY CHOICE	FCU VISA ACCOUNT N	UMBER		
Card Issuer/Payee		Amount \$		
Address				
Account Number				
Card Issuer/Payee		Amount \$		
Address				
Account Number				
Card Issuer/Payee		Amount \$		
Address				
City/State/Zip				
Account Number				
Χ				
SIGNATURE OF PRIMA	RY CARDHOLDER		DATE	
X SIGNATURE OF JOINT	CARDHOLDER		DATE	