



BILL CONSOLIDATION FORM

NAME: _____ MEMBER #: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

INSTRUCTIONS:

- 1) YOU MUST ALREADY HAVE A POINT BREEZE VISA ACCOUNT, WITH SUFFICIENT AVAILABLE CREDIT.
- 2) Attach the billing statement and return envelope(s) for all bills to be paid.
- 3) Indicate the amount to be paid on each bill. IF NO AMOUNT IS INDICATED, the entire balance will be paid.
- 4) All bills will be paid on the date received by Point Breeze, unless indicated here: _____
- 5) If you have any questions or need assistance, please call our VISA Department. Thank you.

<u>ACCOUNT</u>	<u>AMOUNT</u>	<u>ACCOUNT</u>	<u>AMOUNT</u>
MASTERCARD	_____	SEARS	_____
VISA (other than Point Breeze)	_____	J.C. PENNEY	_____
DISCOVER	_____	MACYS	_____
AMERICAN EXPRESS	_____	_____	_____
OTHER BILLS	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize Point Breeze Credit Union to pay the amount(s) indicated on the designated accounts.

X _____
Member's Signature Date

PLEASE RETURN THIS FORM TO:
Point Breeze Credit Union, VISA Department
2 Philadelphia Court
Baltimore, MD 21237

FOR CREDIT UNION USE ONLY	
DATE RECEIVED _____	BY: _____

QUESTIONS? CALL 410.584.PBCU (7228)