

Bill Consolidation Form

EARN 1% CASH BACK ON ALL BALANCE TRANSFERS!*
No balance transfer fee. Same low APR on purchases and balance transfers.

Name: _____ Member Number: _____
 Address: _____
 Home Phone: _____ Work/Daytime Phone: _____

Instructions:

1. YOU MUST ALREADY HAVE A POINT BREEZE CREDIT UNION VISA ACCOUNT WITH SUFFICIENT AVAILABLE CREDIT.
2. **Attach the billing statement(s) and return envelope(s) for all bills to be paid.**
3. Indicate the amount to be paid for 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 Credit Union, unless indicated here: _____

Credit Card/Loan Issuer: _____
 Account Number: _____
 Payment Address: _____
 City: _____ State: _____ Zip: _____
 Specific Amount to be Paid: _____

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 Specific Amount to be Paid: _____

- I elect to pay these amounts to the designated account(s) through my Point Breeze Credit Union Online Bill Pay account.
 I authorize Point Breeze Credit Union to pay the amount(s) indicated on the designated accounts by check.

Please return this form to:
 Point Breeze Credit Union
 2 Philadelphia Court
 Baltimore, MD 21237

Member's Signature _____ Date _____

*1% of the amount consolidated will be deposited to your savings account once consolidation onto your Point Breeze Visa® Credit Card is final or Online Bill Pay transactions post. 1% cash back per account. Minimum \$1,000 balance transfer to receive 1% cash back and maximum is based on credit availability and limit. Please copy and submit additional forms as needed. Balances that are consolidated on a Point Breeze Visa® Credit Card will begin to accrue interest when the consolidation is final.

For Office Use Only	Date Received: _____	By: _____	Online Bill Pay Verified: _____
			Promotion Info: _____