



I hereby authorize Brokaw Credit Union to pay the “Amount” indicated to the “Credit Card Account” number shown by adding the “Amount” to my Brokaw Credit Union Credit Card Account.

Credit Card Company Name
Payment Address
City, State, Zip
Credit Card Account #
Pay This Amount* \$
BCU Credit Card #

* Please list exact amount of payoff; Brokaw Credit Union is not responsible for any charges applied to the account over the amount indicated on this form.

Member Signature

Date

Our Mailing Address

Brokaw Credit Union
PO Box 151
Brokaw, WI 54417-0151
tel: 715-675-2319
fax: 715-675-5511