

VISA BALANCE TRANSFER FORM

Transfer balances to your UFSCFCU VISA from other financial institutions. To transfer card balances, please print out this form. Complete all information requested and sign. You can either mail or fax the form back to us or bring it to the Credit Union.

I hereby authorize United Financial Services Community FCU to pay the amount indicated to the card issuer shown by issuing a check and adding the amount to my United Financial Services Community FCU Visa credit card account.

MEMBER NAME: _____

MEMBER ACCOUNT #: _____

UFSCFCU VISA ACCOUNT #: _____

HOME PHONE: _____

WORK PHONE: _____

ACCOUNTS TO BE PAID:

CARD
ISSUER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNT # _____ AMOUNT TO BE PAID \$ _____

CARD
ISSUER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNT# _____ AMOUNT TO BE PAID \$ _____

I will continue to pay the minimum monthly amount due on my current credit card balance(s) until I am notified that UFSCFCU has paid the creditor listed above. Balance Transfers are treated as cash advances and begin accruing interest the day they are posted to your account. Paying off the balance(s) does not automatically close your other credit card account(s). To close your other credit card accounts simply notify the credit card company. It is my responsibility to pay any balance remaining on my other credit card account(s) and close them if I desire. Any amount currently in a billing dispute should not be transferred, as I may lose my dispute rights. UFSCFCU does not assume responsibility for any late payments, finance charges or disputed amounts on your accounts. I understand this request will be processed within ten business days. My current VISA balance and any added balance transfer cannot exceed my VISA limit.

CARDHOLDER SIGNATURE DATE

JOINT OWNER SIGNATURE DATE