



BANK-FUND STAFF FEDERAL  
CREDIT UNION

**Credit Card Balance Transfer Form**

(Please Print Clearly)

Member Name:	Member No:
Primary Mailing Address:	BFSFCU Credit Card No: (last 4 digits)
Email:	Daytime Phone No:

Information about credit card from which you wish the balance transferred:

Type of Credit Card	
Issuer (bank, credit union, other financial institution, etc.)	
Complete Mailing Address for Payments to that Credit Card	
Credit Card Account Number	
Amount to be Transferred	

By signing below, I authorize Bank-Fund Staff Federal Credit Union (BFSFCU) to transfer the above balance to my BFSFCU credit card as indicated. I understand that if the requested balance exceeds the available credit on my BFSFCU credit card, then the amount of the transfer will be limited to that available credit amount. All balances will be subject to the standard finance charges which are currently in effect on my BFSFCU credit card, as fully described in the Credit Card Agreement and Disclosure which I have received. I understand that finance charges on the amount to be transferred begin to accrue on the date that the check is prepared and mailed by BFSFCU.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note:

1. This Balance Transfer Form must be completed accurately and legibly.
2. Please be advised not to transfer the amount of any disputed purchase or other charge, as you may lose your rights to dispute that purchase or charge.
3. This Balance Transfer Form cannot be used to transfer balances to any BFSFCU credit card or loan account.
4. Allow approximately 30 days for BFSFCU to process this balance transfer request, pay the amount(s) authorized, and transfer the balance to your BFSFCU credit card. Please continue to make the minimum payment of the designated credit card account until that credit card issuer notifies you that the balance has been transferred. Payment of the amount authorized by you may or may not pay off the outstanding balance on the other credit card account. BFSFCU is not responsible for any remaining balance, finance charge or other charge (resulting from the balance transfer) on the credit card account.

**Credit Union Use Only:**

CC Representative Initial:	Date:
Note (if any):	

12/2011