

## Credit Card Balance Transfer

Member Name		
Member Number	BFSFCU Credit Card Number (last 4 digits)	Phone Number
Email Address		

### PAYEE INFORMATION (from which you wish the balance transferred):

Payee	Payee Account Number	Transfer Amount
Mailing Street Address/PO Box (as listed on your statement or payment coupon)		
City, State, Zip Code		

By signing below, I authorized 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 transfer exceeds the available credit on my BFSFCU credit card, the transfer will not be processed, and I will be notified by BFSFCU. All balances will be subject to the standard finance charges 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 the balance transfer is initiated by BFSFCU.

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 Member Signature

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 Date

**Please Note:**

1. This Balance Transfer Form must be completed accurately and legibly.
2. This Balance Transfer Form cannot be used to transfer balances to any BFSFCU credit card or loan account.
3. The Balance Transfer request will be initiated within 2–3 business days of receipt by BFSFCU. The Balance Transfer will appear on your monthly billing statement. Please continue to make the minimum payment to the designated account until the payee 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 payee account. BFSFCU is not responsible for any remaining balance, finance charge or other charge (resulting from the balance transfer) on the payee account.