



Credit Card Balance Transfer Form

Name _____

Member Number _____ UFirst FCU Visa Card Number _____

List the account(s) in which the card balances will be transferred to the UFirst FCU Visa credit card.
Attach additional sheets if further information is necessary.

1. Credit Card Company Information

Name _____ Address _____

City _____ State _____ Zip _____

Card Type: Visa _____ MasterCard _____ Store Card _____ Other _____

Credit Card or Account Number _____

Name on Account if Different from Applicant _____

Balance to Transfer _____

2. Credit Card Company Information

Name _____ Address _____

City _____ State _____ Zip _____

Card Type: Visa _____ MasterCard _____ Store Card _____ Other _____

Credit Card or Account Number _____

Name on Account if Different from Applicant _____

Balance to Transfer _____

3. Credit Card Company Information

Name _____ Address _____

City _____ State _____ Zip _____

Card Type: Visa _____ MasterCard _____ Store Card _____ Other _____

Credit Card or Account Number _____

Name on Account if Different from Applicant _____

Balance to Transfer _____

4. Credit Card Company Information

Name _____ Address _____

City _____ State _____ Zip _____

Card Type: Visa _____ MasterCard _____ Store Card _____ Other _____

Credit Card or Account Number _____

Name on Account if Different from Applicant _____

Balance to Transfer _____

I authorize UFirst Federal Credit Union to act on my behalf to 'transfer' the balance(s) listed above to my UFirst FCU credit card account up to my available credit. I understand this/these transfer(s) will be done as a Visa cash advance to my UFirst FCU credit card account and will begin accruing interest immediately. I understand that all balance transfers are subject to a **3% OR \$5 (whichever is greater) balance transfer fee per transaction**. It may take 4-6 weeks for the balance transfer to occur. I understand that I may need to make a payment on my present account(s) to keep them current.

Signature _____ Date _____

Credit Union Use Only

Received by _____ Date _____

Processed by _____ Processed Date _____ Credit Limit _____