BALANCE TRANSFER FORM

If you wish Peninsula Federal Credit Union (PFCU) to pay all or part of an existing balance(s) on a credit/charge card(s) please fill out the following information.

Member Name		
Member Account # Visa Suffix # I hereby authorize PFCU to pay all or part of the credit/charge card(s) by means of a CASH ADVAN		
1.		
Payable to Card Issuer (Citi Cards, Capital One, Comenity-Younkers, etc.)		
Full Card Number	Dollar Amount to be Paid	
Payment Address		
City	tate Zip	
Phone 2.		
Payable to Card Issuer (Citi Cards, Capital One, Comenity-Younkers, etc.)		
Full Card Number	Dollar Amount to be Paid	
Payment Address		
City	tate Zip	
Phone		
I understand that PFCU is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand that if there is an insufficient limit on my PFCU credit card, that you (PFCU) will pay off my balances in the order listed.		
X		
Member's Signature	Date	
X		
Joint Applicant's Signature	Date	
CREDIT UNION U	JSE ONLY:	
☐ Check Request (Issued by Accounting) ☐ Funds Transfer (Completed by Accounting) Tran *This option requires payment to be made elect ☐ Promo Rate Applied (Adjusted by Accounting) D	tronically by the member.	