
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

PFCU Member Account #

I hereby authorize PFCU to pay all or part of the balance(s) due for the following credit/charge card(s) by means of a CASH ADVANCE charged to my PFCU Visa card.

1.

Name of Card Issuer (Citibank, Macy's, etc.)

Full Card Number

Dollar amount to be paid

Payment Address

City

State

Zip

Phone

2.

Name of Card Issuer (Citibank, Macy's, etc.)

Full Card Number

Dollar amount to be paid

Payment Address

City

State

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 USE ONLY:

Check Request (Issued by Accounting) Issued Check# _____ Accounting Initials _____

Check Cut (Issued by Teller) Issued Check# _____ Teller Initials _____

Funds Transfer (Completed by Teller) Transferred to SAV ___ CHK ___ Teller Initials _____

*This option requires payment to be made electronically by the member.