



VISA Credit Card Balance Transfer Form

Member Name: _____ Member No: _____

Address: _____ PAFCU Card No. (last 4 digits) _____

Email Address: _____ Daytime Phone No: _____

Information about credit card from which you wish to be transferred:

Type of Credit Card _____

Issuer (bank, credit union, other) _____

Complete mailing address for payments to that credit card _____

Credit Card Account Number _____

Amount to be transferred \$ _____

By signing below, I authorize PAFCU to transfer the above balance to my PAFCU credit card as indicated. I understand that if the requested balance exceeds the available credit on my PAFCU 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 PAFCU 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 PAFCU.

Signature: _____ Date: _____

Please note:

1. This balance transfer form must be completely accurate and legible.
2. Please do not 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 from any current PAFCU credit card or loan amount.
4. This balance transfer request will be processed within 2-3 business days of receipt by PAFCU. A confirmation will be sent to you upon completion of the process. 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. PAFCU is not responsible for any remaining balance, finance charge, or other charge (resulting from the balance transfer) on the credit card account.

PAFCU USE ONLY: PAFCU Representative Initials: _____ Date: _____

Note (if any): _____

Please fax the completed form to (248) 619-3230.