



VISA BALANCE TRANSFER REQUEST

2.99% APR* for 6 months

**No Balance Transfer Fees
Plus up to 1500 ScoreCard Points**

*APR=Annual Percentage Rate. After the introductory period, the rate will revert to the fixed rate APR specified in your Card Agreement (11.9% or 13.9%) for retail purchases and cash advances.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Community Focus FCU VISA Account Number: _____

Yes, please pay off my cards and loans:

1. Card/Lender Name:

Account Number: _____

Customer Service Phone Number: _____

Payment Address: _____

Amount to Transfer: _____

2. Card/Lender Name:

Account Number: _____

Payment Address: _____

Amount to Transfer: _____

3. Card/Lender Name:

Account Number: _____

Payment Address: _____

Amount to Transfer: _____

By signing below, I have confirmed the above information is correct and understand this transaction will be processed as a cash advance against my Credit Union Credit Card. I further agree to the cash advance terms and conditions noted in the Credit Union Cardholder agreement.

I hereby authorize Community Focus FCU to verify my credit history and pay all or part of the balance(s) on the listed credit/charge card(s). I understand that Community Focus FCU 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 Community Focus FCU credit card that Community Focus FCU will pay off the balances in the order listed.

Transfers may take about four weeks to complete. Please continue to make payments on these credit cards until you see the payments have been applied to your credit card accounts. The credit union is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves to right to refuse any balance transfer requests. It is your responsibility to close out your credit card or loan at the above named institution, if you wish to do so. This may help you avoid any annual fee that is assessed to your account. If a credit limit increase is needed, I give CFFCU permission to run my credit report to help determine if I qualify for an increase. Loan officer may contact me for additional information needed.

Member's Signature: _____

Date: _____

Teller Name and #:

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