CHRISTIAN FINANCIAL CREDIT UNION
Exceptional Service - *Every* Member, *Every* Time.

# VISA BALANCE TRANSFER REQUEST

Complete information is required to accomplish the transfer.

Member Name_____ Account #_____

Please transfer the balance of the following accounts to my CFCU Visa Credit Card. I understand that CFCU may not be able to process a balance transfer request if it exceeds my available credit limit. If all of the balance transfers cannot be executed, they will be processed in the order in which they were recorded on this form.

The transferred balance will appear on your CFCU credit card statement and will be treated as a cash advance, subject to all cash advance terms as per your Christian Financial Credit Union Credit Card Agreement. A finance charge (based on the account's Annual Percentage Rate) will be imposed from the date these checks post to your account. There is no cash advance fee.

Please note that it may take up to three (3) weeks to process your request and post the balance transfer transaction. This means that you may need to make a payment to your other accounts to keep them current. Balances from Credit Cards issued outside the U.S. cannot be transferred. All balance transfer requests will be subject to your credit limit. **Completed Visa Balance Transfer Request form required upon receipt of application to be eligible for 0.00% on non CFCU balance transfers for the first three months - Visa Platinum cards only qualify for the promotional rate.**

***Complete this form by filling in the spaces below. Then print, sign in ink, and return to the address listed at the bottom of the page.***

| | |
|---|---|
| **Card Issuer**_____<br>**Payment Address**_____<br>_____<br>**City**_____ **State**_____ **Zip**_____<br>**Account #**_____<br>**Card Issuer Phone #** _____<br>**Amount to Transfer $** _____ | **Card Issuer**_____<br>**Payment Address**_____<br>_____<br>**City**_____ **State**_____ **Zip**_____<br>**Account #**_____<br>**Card Issuer Phone #** _____<br>**Amount to Transfer $** _____ |
| **Card Issuer**_____<br>**Payment Address**_____<br>_____<br>**City**_____ **State**_____ **Zip**_____<br>**Account #**_____<br>**Card Issuer Phone #** _____<br>**Amount to Transfer $** _____ | **Card Issuer**_____<br>**Payment Address**_____<br>_____<br>**City**_____ **State**_____ **Zip**_____<br>**Account #**_____<br>**Card Issuer Phone #** _____<br>**Amount to Transfer $** _____ |

***Credit Card Selection/Designation:***

Please transfer the balances above to my existing CFCU Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
**OR**
to my new/pending application for one of the following:

☐ CFCU Visa Platinum ☐ CFCU Visa Gold ☐ CFCU Visa Classic

***Terms and Conditions:***

1) Balance Transfer is not applicable from other card accounts that have an overdue status or where the credit limit has been exceeded.
2) Balance Transfer will not be accepted from other existing CFCU Credit Card accounts.
3) CFCU will not be liable for any new charges, overdue payments, interest charges, etc. on the said card account(s).
4) Balance Transfer request once approved and processed cannot be cancelled.
5) Please continue to make your minimum required payment to the above creditors until the requested transfer payment appears on the account's billing statement. CFCU is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.
6) While CFCU can pay your accounts directly, CFCU cannot close these accounts for you. If you wish to close any of these accounts, write directly to the creditor.

Account balance transfers are contingent upon account setup and assigned credit limit. In some cases, CFCU may not be able to process a balance transfer request if it exceeds your available credit limit. CFCU is not responsible for any payments being late or lost in the mail.

By signing below I authorize CFCU to pay on my behalf each balance or portion of balance I have designated. I have read the terms and conditions. **Please read the Visa Rate Disclosure and Visa Credit Card Agreement before proceeding.**

Signature_____ Date_____

**Mail, Fax, or Return to:**
Christian Financial Credit Union
Attn: Financial Service Representative
18441 Utica Road, Roseville, MI 48066
**Fax**: 586.775.3503

**Date Received:**_____

**Employee ID #:**_____