

Credit Card Balance Transfer Request

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Phone #: _____

Last 4 digits of your HTFFFCU Credit Card: _____

Balance Transfer 1	
Creditor Name:	Account Type:
Address:	Account #:
Address 2:	Amount:
City:	State:
ZIP + 4 Code:	Contact Phone #:
Balance Transfer 2	
Creditor Name:	Account Type:
Address:	Account #:
Address 2:	Amount:
City:	State:
ZIP + 4 Code:	Contact Phone #:

By signing, I authorize HTFFFCU to transfer the balance(s) as indicated above and in the order indicated to my HTFFFCU credit card. HTFFFCU does charge a transfer fee of 3% for these transactions.

NOTE: A copy of your most recent account statement(s) from the card issuer is required. If the payoff transaction brings your account to a zero balance and you wish to close the account(s) to avoid annual fees, please contact the issuing institution. This request may take up to 30 days for your credit card issuers to post a balance transfer. To prevent any delinquencies you should continue to carefully monitor your credit card statements and make all necessary payments until the transfer is complete. You are responsible for keeping your credit card balance(s) current until HTFFFCU disburses the requested payoff(s).

Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

TLR #: _____ Employee Name: _____

Processed By: _____