

CREDIT CARD BALANCE TRANSFER REQUEST

FPCU Account #	Primary Member Name	Daytime Phone #
FPCU Credit Card #		

By signing below, I understand I am requesting a balance transfer to pay the company(s) named below from my credit card with Financial Partners Credit Union. This transaction is considered a balance transfer as set forth in the Credit Card Agreement. Each transfer will reduce my available credit just like any other transaction (purchase). I must allow 5 to 7 business days for the company to receive the funds. Balance transfer requests may not be used to pay off existing Financial Partners loans. I understand funds must be available on my line of credit and that Financial Partners will not honor any requests which will bring me over my limit. **NOTE: Balance transfer fee of 3% or \$10 (whichever is greater) applies; balance transfers may not exceed the total of the available credit line minus applicable balance transfer fees.**

BALANCE TRANSFER REQUEST 1

Card Issuer:	Mailing Address to send payments (as it appears on billing statement):	
Card or Account Number you're transferring from:	Name on Account (as it appears on billing statement):	Amount to Pay: \$

BALANCE TRANSFER REQUEST 2

Card Issuer:	Mailing Address to send payments (as it appears on billing statement):	
Card or Account Number you're transferring from:	Name on Account (as it appears on billing statement):	Amount to Pay: \$

BALANCE TRANSFER REQUEST 3

Card Issuer:	Mailing Address to send payments (as it appears on billing statement):	
Card or Account Number you're transferring from:	Name on Account (as it appears on billing statement):	Amount to Pay: \$

AUTHORIZED CARDHOLDER'S SIGNATURE: _____ DATE _____

FOR CREDIT UNION USE	
Branch and Contact Center Use: Completed by (please print): _____ DATE _____	
Contact Center Verification Method Check Applicable Account #/SSN <input type="checkbox"/> Address & Phone <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Specific transaction/List Type <input type="checkbox"/> Call Back Completed by (please print): _____ DATE _____	
Support Services Processing Verification: Processed by (please print): _____ DATE _____ Signature verified by: _____	

Please complete the information requested above, sign the form and return to your local branch or fax to 562.904.4236. Thank you!