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# BALANCE TRANSFER FORM

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If you wish Peninsula Federal Credit Union (PFCU) to pay all or part of an existing balance(s) on a credit/charge card(s) please fill out the following information.

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Name

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PFCU Account #

I hereby authorize PFCU to pay all or part of the balance(s) due for the following credit/charge card(s) by means of a CASH ADVANCE charged to my PFCU Visa card.

1.

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Name of Card Issuer (Citibank, Macy's, etc.)

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Account #

Amount to be paid

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Payment Address

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City

State

Zip

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Phone

2.

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Name of Card Issuer (Citibank, Macy's, etc.)

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Account #

Amount to be paid

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Payment Address

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City

State

Zip

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Phone

(Please enclose additional sheets if necessary)

I understand that PFCU 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 PFCU credit card, that you (PFCU) will pay off my balances in the order listed.

X

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Member's Signature

Date

X

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Joint Applicant's Signature

Date