

Balance Transfer Form

I want to transfer balances TO my Visa Credit Card.

MCFCU member number	Member first name	Last name
MCFCU Visa Credit Card account number	Daytime phone number we may contact you	
Member signature	Date	

Transfer balances FROM other cards:

Card 1

Account number	Card issuer name (bank, department store)	Amount to be transferred
Issuer address on statement	City, state, zip	Card Issuer phone

Card 2

Account number	Card issuer name (bank, department store)	Amount to be transferred
Issuer address on statement	City, state, zip	Card Issuer phone

Card 3

Account number	Card issuer name (bank, department store)	Amount to be transferred
Issuer address on statement	City, state, zip	Card Issuer phone

You authorize Marin County Federal Credit Union to charge your MCFCU Visa Credit Card account for the amount(s) listed for transfers. You understand that you are applying for a transfer amount up to the total amount listed on your Balance Transfer request. Balance Transfers are processed in the order listed and for the amount requested, or up to your available credit line. MCFCU will not be responsible for incorrect issuer account numbers or addresses provided to us. MCFCU will advise you if it is unable to process your transfer request for any reason. You will continue to make payments until the Balance Transfer is complete. You may not transfer balances to pay off any existing MCFCU account. You agree to abide by the complete terms and conditions of the MCFCU Credit Card account you were provided with previously.

