



Credit Card Balance Transfer Request Form

Thank you for choosing SMW 104 Federal Credit Union (SMW 104 FCU). We pride ourselves on our year-round low-fixed interest, zero balance transfer fee, zero cash advance fee, and zero annual fee. We are happy to further assist you in your balance transfer to your SMW 104 FCU credit card. Please fill out the form below.

Member Name: _____ Member Name: _____

Credit Card Number (last 4) _____ Best contact # _____

eMail Address: _____

Credit Card Number _____ Card Issuer (Name of the Bank, department store, etc.)

Payment Address, City, State and Zip (where you send your payments)

\$
Amount you wish to transfer

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\$
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Other Financial Institution Credit Card Account Information:

By signing below, I authorized SMW 104 Federal Credit Union to transfer the above balance to my SMW 104 FCU credit card as indicated. I understand that if the requested balance exceeds the available credit on my SMW credit card, I understand that if the requested balance exceeds the available credit on my SMW 104 FCU credit card, the transfer amount will be limited to that available credit amount. All branches will be subject to the standard finance charges in effect on my SMW 104 FCU credit card, as fully described in the Credit Card Agreement and Disclosure. I understand that the finance charges on the amount to be transferred begin to accrue when the check is prepared and mailed by SMW 104 FCU.

Please note:

1. This Balance Transfer Request Form must be completed accurately and legibly.
2. This Balance Transfer Request Form cannot be used to transfer balances to any SMW 104 FCU credit card or loan account.
3. It is recommended that you continue to make the minimum payment of the designated credit card account until the credit card issuer notifies you that the balance is transferred. Payment of the amount authorized by you may or may not pay off the outstanding balance on the other credit card account.
4. SMW 104 FCU is not responsible for any remaining balance, finance charge, or additional charge (resulting from the balance transfer) on the credit card account.
5. I understand that the accounts from which I transfer the entire balance will not be closed automatically; it is my responsibility to close the accounts if I choose.

Statement copy (other Financial Institution) required to proceed with Balance Transfer Request.

Signature _____ Date _____

Credit Union Use Only:

Verified by:	Date:
Note (If any):	