



Teller #: _____

FCU Account #: _____

Print Member Name: _____

Balance Transfer Form

Complete this form today to pay off your outstanding balances at our competitive rates. You can transfer one, two, or more balances to your FCU credit card.*

1) Account Number:

16 digit account number input boxes

Payee: _____

Payment Address:

STREET ADDRESS/PO BOX

CITY

STATE ZIP CODE

Exact Amount To Be Paid And Transferred:

\$ amount input boxes with commas and decimal

2) Account Number:

16 digit account number input boxes

Payee: _____

Payment Address:

STREET ADDRESS/PO BOX

CITY

STATE ZIP CODE

Exact Amount To Be Paid And Transferred:

\$ amount input boxes with commas and decimal

3) Account Number:

16 digit account number input boxes

Payee: _____

Payment Address:

STREET ADDRESS/PO BOX

CITY

STATE ZIP CODE

Exact Amount To Be Paid And Transferred:

\$ amount input boxes with commas and decimal

4) Account Number:

16 digit account number input boxes

Payee: _____

Payment Address:

STREET ADDRESS/PO BOX

CITY

STATE ZIP CODE

Exact Amount To Be Paid And Transferred:

\$ amount input boxes with commas and decimal

*Balance Transfer is contingent upon approval of your Florida Credit Union Visa Credit Card account. Florida Credit Union reserves the right to decline to process any Balance Transfer request and will not process a Balance Transfer request from any other Florida Credit Union accounts. You agree to allow approximately 30 days for us to process your response and transfer the balance(s) to your Florida Credit Union account. Please continue to make at least the minimum payments on your other credit cards until we notify you that the balances have been transferred. Florida Credit Union is not responsible for fees and finance charges incurred by you prior to your balance being transferred to Florida Credit Union. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). You will continue to be responsible for any balances on your other credit cards. In the event that your request(s) exceed the amount of your credit line, the Credit Union will fulfill your requests in numeric order as listed in your response, may decline to process one or more requests and/or may complete one request in a partial amount. The payment and transfer of balances is contingent upon approval by the Credit Union and receipt of complete, legible balance transfer requests. Your Balance Transfer request may not be used to make payments toward amounts you owe Florida Credit Union. Transfer requests to cash or to yourself cannot be processed.

Please sign here:

X _____ | Date

X _____ | Date

Please Note: This balance transfer request is not complete until it is returned to Florida Credit Union for processing.

Delivery Method 1: Drop off at your local branch

Delivery Method 2: Mail form to: PO Box 5549 Gainesville, FL 32627-ATTN: Card Services