



VISA BALANCE TRANSFER FORM

Name: _____

Keystone UMFCU Acct. # _____

Yes, please transfer the balance(s) below to my Keystone United Methodist FCU Visa Card

Card Issuer _____ Exact Amount to pay \$ _____

Account Number _____

Payment Address _____

Card Issuer _____ Exact Amount to pay \$ _____

Account Number _____

Payment Address _____

Card Issuer _____ Exact Amount to pay \$ _____

Account Number _____

Payment Address _____

I have read the following conditions: (1) The balance transfers amounts paid will be processed as a cash advance, therefore interest charges begin to accrue immediately on the same day we charge your account for the transfer. (2) If transfer information you provide is incomplete, illegible or incorrect we will not be able to process the transfer request. The credit union is not responsible for any remaining balance on that account, or any finance or other charges you incur due to delays in transferring a balance. (3) Please continue to pay your total minimum payment due until the requested transfer payment appears on the account's billing statement. (4) The credit union cannot close accounts that balances are transferred to. (5) Balance transfers are contingent upon your assigned credit limit. (6) If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.

By signing below, I authorize you to bill my Keystone United Methodist Federal Credit Union (KUMFCU) Visa account in the full or partial amount(s) for the Exact Amount to pay indicated above. My accounts at KUMFCU must be in good standing at the time the balance transfer offer is processed. Balance transfers are not valid for payment of KUMFCU loans or KUMFCU Visa card balances.

Cardholder Signature

Date