



Our most important Partner is you.

PFCU VISA BALANCE TRANSFER FORM

Date _____
Member Name: _____
Member Credit Card Number _____

EXISTING CARD

NEW CARD

INFORMATION ON CREDIT CARD(S) TO BE PAID OFF. (IF MORE THAN 2 CARDS ARE BEING PAID PLEASE USE TWO FORMS. MEMBER'S SIGNATURE MUST BE ON BOTH FORMS.)

1.) CREDIT CARD NUMBER _____

CREDIT CARD COMPANY NAME _____

AMOUNT OF TRANSFER \$ _____

FULL CREDIT CARD STATEMENT MUST BE ATTACHED

2.) CREDIT CARD NUMBER _____

CREDIT CARD COMPANY NAME _____

AMOUNT OF TRANSFER \$ _____

FULL CREDIT CARD STATEMENT MUST BE ATTACHED

MEMBER SIGNATURE _____ DATE _____

FOR PFCU OFFICE USE ONLY

PFCU Initials _____ Date _____ Time _____

PLEASE FAX TO 847-699-1606