



Our most important Partner is you.

PFCU VISA BALANCE TRANSFER FORM

Date: _____
Member Name: _____
PFCU Credit Card Number: _____
PFCU Account Number: _____

EXISTING CARD NEW CARD PROMO RATES: 1.99% for 12 months
0% for 6 months

INFORMATION ON CREDIT CARD(S) TO BE PAID OFF:

- 1.) CREDIT CARD NUMBER
AMOUNT OF TRANSFER \$
CREDIT CARD COMPANY NAME
PAYMENT MAILING ADDRESS
2.) CREDIT CARD NUMBER
AMOUNT OF TRANSFER \$
CREDIT CARD COMPANY NAME
PAYMENT MAILING ADDRESS

IF MORE THAN 2 CARDS ARE BEING PAID PLEASE USE TWO FORMS. MEMBER'S SIGNATURE MUST BE ON BOTH FORMS. Partnership Financial Credit Union assumes no responsibility for errors or omissions on this form.

FULL CREDIT CARD STATEMENT MUST BE ATTACHED.
There is a 1% Balance Transfer Fee for each balance transferred.

SEND FORMS AND FULL CREDIT CARD STATEMENTS TO:
Fax: 847-581-6905 - OR - Email: LoanDepartment@mypfcu.org

MEMBER SIGNATURE _____ DATE _____

Submitted by: [] Member Daytime phone number _____
[] Employee name _____

Total number of Balance Transfer forms signed _____ Total number of pages submitted _____