

# Credit Card Balance Transfer Request



To authorize a transfer of your existing credit card balances to an LGFCU Visa® Credit Card, complete this form and take it to a branch near you for processing.

This section to be completed by branch personnel.

Date	Branch	Employee
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## Member's Credit Union Account Information

Member Name Social Security Number (SSN)

**Card Number** **Available Balance: \$**

### Transfer #1 // Lender's Name

Lender's Address City State

Zip Code Phone Number

**Account Number** **Amount to be Transferred: \$**

### Transfer #2 // Lender's Name

Lender's Address City State

Zip Code Phone Number

**Account Number** **Amount to be Transferred: \$**

### Transfer #3 // Lender's Name

Lender's Address City State

Zip Code Phone Number

**Account Number** **Amount to be Transferred: \$**

### Transfer #4 // Lender's Name

Lender's Address City State

Zip Code Phone Number

**Account Number** **Amount to be Transferred: \$**

By signing below, I have confirmed the above information is correct and understand this balance transfer will be processed as a purchase transaction against my Credit Union Credit Card. I further agree to the cash advance terms and conditions noted in the Credit Union Cardholder Agreement.

Member's Signature Date

Keyed by	Branch	Institution
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