



## Credit Card Balance Transfer Form

Please use a separate form for each balance transfer request.  
If you have questions while completing this form, please  
contact a Loan Officer at 757.333.7787.

Member Number	
First Name	
Middle Initial	
Last Name	
Phone Number	
Last Four Digits of Your SSN	
Date of Birth	
Your Email Address	

**Beach Municipal FCU Credit Card Information:**

BMFCU credit card account number	
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**Information on the Institution to be Paid:**

Account number of credit card loan to be paid. <b>Balance transfers may not be used to pay off Beach Municipal FCU accounts.</b>	
Name of Institution (company check should be made payable to)	
Street	
Street	
City	
State	
Zip	
Balance Transfer Amount \$	

Note: Balance Transfer Amount must not exceed current credit limit. Please allow 10 business days for completion of this transfer. Requesting a balance transfer that is less than 10 days from the payee due date may result in finance charges and/or penalties from the other financial institution. All balance transfer requests are treated as cash advances.

I authorize Beach Municipal FCU to execute the balance transfer as referenced above.

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Signature Date