



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.

For security purposes, please return this form in person or by mail. Do not send it by email.

Member # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ Last 4 Digits of Your SSN _____

Beach Municipal FCU Credit Card Account Number: _____

Yes, please pay off my more expensive credit cards and loans!

Balance transfers may not be used to pay off BMFCU accounts.

Card/Lender Name _____

Card/Account Number _____

Payment Address _____

City _____ State _____ Zip _____

Amount to Transfer _____

Note: Balance Transfer amount must not exceed current credit limit. Please allow 10 business days for processing 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.

Signature

Date