



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	
Information on the Institution to be Paid:	
Account number of credit card loan to be paid. Balance transfers may not be used to pay off BMFCU accounts.	
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.

Signature

Date