



Credit Card Balance Transfer Form

(Please Print Clearly)

Member Name:	Member No:
Address	FFCU Card No. (last 4 digits)
e-mail address:	Daytime Phone No:

Information about credit card from which you wish the balance transferred:

Type of Credit Card	
Issuer (bank, credit union, other financial institution, etc.)	
Complete mailing address for payments to that credit card (Street/P.O. Box, City, State, Zip Code)	
Credit Card Account Number	
Amount to be transferred	

By signing below, I authorized Ferguson Federal Credit Union (FFCU) to transfer the above balance to my FFCU credit card as indicated. I understand that if the requested balance exceeds the available credit on my FFCU credit card, then the amount of the transfer will be limited to that available credit amount. All balances will be subject to the standard finance charges which are currently in effect on my FFCU credit card, as fully described in the Credit Card Agreement and Disclosure which I have received. I understand that finance charges on the amount to be transferred begin to accrue on the date that the check is prepared and mailed by FFCU.

Signature: _____ Date: _____

Please note:

- 1) This Balance Transfer Form must be completed accurately and legibly.
- 2) Please be advised not to transfer the amount of any disputed purchase or other charge, as you may lose your rights to dispute that purchase or charge.
- 3) This Balance Transfer Form cannot be used to transfer balances from any FFCU loan account.
- 4) The Balance Transfer request will be processed within 2-3 business days of receipt by FFCU. A confirmation will be sent to you upon completion of the process. Please continue to make the minimum payment of the designated credit card account until that credit card issuer notifies you that the balance has been transferred. Payment of the amount authorized by you may or may not pay off the outstanding balance on the other credit card account. FFCU is not responsible for any remaining balance, finance charge or other charge (resulting from the balance transfer) on the credit card account.

Credit Union Use Only:

CC Representative Initial:	Date:
Note (if there is any):	

(3/2011)

Please fax the completed form to 601-587-4038 or email a scanned copy to cards@fergusonfcu.org.