

CREDIT CARD BALANCE TRANSFER REQUEST

JSC Federal Credit Union
P.O. Box 58346 Houston, Texas 77258
281.488.7070 www.jscfcu.org



By filling out this form you authorize us to use your JSC Federal Credit Union credit card to pay the balances on your existing high-interest credit card(s). Please provide a copy of your most recent statement(s) of the credit card(s) you wish to pay off. JSC Federal Credit Union will pay off the balance listed on your statement. You will be responsible for paying any additional charges not included in the statement.

WHERE DO I SEND MY COMPLETED FORM?

- Return the **completed** form and credit card statement(s) to any JSC FCU branch.
- Fax the form and statement(s) to 281.488.5116, Attn: VISA Department.
- Mail the form and statement(s) to:
JSC Federal Credit Union, Attn: VISA Department
P.O. Box 58346, Houston, TX 77258

QUESTIONS

Contact the VISA Department
Phone: 281.488.7070
Fax: 281.488.5116

Card 1
Issuer: _____ Account Number: _____
Dollar Amount to Transfer: _____
Card 2
Issuer: _____ Account Number: _____
Dollar Amount to Transfer: _____
Card 3
Issuer: _____ Account Number: _____
Dollar Amount to Transfer: _____

Terms and Conditions: This transaction will take place only if you are approved for a JSC Federal Credit Union credit card. Remember, you will only be able to pay off the balance(s) up to your JSC Federal Credit Union credit card limit. While the Credit Union can pay your accounts directly, the Credit Union cannot close them for you. If you wish to close any of the transfer accounts, you must do so yourself. The Credit Union is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance. Please allow up to 10 days for application processing.

Balance Transfer Promotion:

Six billing cycles at 2.99% APR. Your rate will then increase to your fixed APR, 7.90% - 17.90%. For your specific rate please refer to the Visa Platinum Credit Card Account Opening Disclosure.

By signing below, I authorize JSC Federal Credit Union to pay on my behalf each balance or portion of balance I have designated above. I have read and understand the terms and conditions of this transfer request.

Name (Please Print): _____

*Member #: _____

Signature: _____

Date: _____ **Required*

Phone Number: _____