



BALANCE TRANSFER FORM

Member Name: _____
Account #: _____ Phone #: _____

I hereby authorize Miami Federal Credit Union to pay off the balances(s) of the following major credit cards by means of Cash Advance charged to my Classic Visa Credit Card up to my available credit limit at the originally disclosed rate for CASH ADVANCES.

PLEASE TRANSFER THE FOLLOWING CREDIT CARD(S) BALANCES TO MY CLASSIC VISA CREDIT CARD:

1) _____

Credit Card Company	Credit Card Account Number
_____	_____
Transfer Amount:\$	

Credit Card Company Address	

2) _____

Credit Card Company	Credit Card Account Number
_____	_____
Transfer Amount:\$	

Credit Card Company Address	

3) _____

Credit Card Company	Credit Card Account Number
_____	_____
Transfer Amount:\$	

Credit Card Company Address	

I understand that Miami Federal Credit Union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. Please Note: it is your responsibility to close out your charge account at the above named institution if you wish to do so (this will help you avoid any annual fee that is assessed to that account.)

Signature Date

For Credit Union Use Only
Approved ___ Amount \$ _____ / Denied ___ Date _____