



## HRCU VISA Credit Card Balance Transfer Authorization

*Use this form to transfer your balances from high-interest credit cards to your low-interest HRCU VISA® credit card. Simply complete the form below and return it to us, then we'll take care of the rest!*

Balance transfer requests are subject to a fee of \$10 or 5% of the transaction amount, whichever is greater, on each balance transfer completed. This fee will be added to your VISA® account and will show as a separate line item on your statement.

**\* During a promotional period, balance transfers are subject to approval based on minimum credit score criteria assigned to the promotional offering at that time. If balance transfer request is not approved for the promotional rate and term, the balance transfer would be subject to the balance transfer APR assigned to your credit card at that time and the transfer fee(s) will be waived. Cardholders will be contacted if qualifications are not met for promotional offering. \***

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Card Issuer Name (Financial Institution, Retailer, Company, etc.): \_\_\_\_\_  
Credit Card Account Number (May be different from card number): \_\_\_\_\_  
Payment Mailing Address (Use address from billing statement): \_\_\_\_\_  
Balance Transfer Amount: \_\_\_\_\_

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Card Issuer Name (Financial Institution, Retailer, Company, etc.): \_\_\_\_\_  
Credit Card Account Number (May be different from card number): \_\_\_\_\_  
Payment Mailing Address (Use address from billing statement): \_\_\_\_\_  
Balance Transfer Amount: \_\_\_\_\_

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**By signing below, I authorize you to charge my HRCU VISA® account in the amounts listed above, plus any applicable fee(s). I understand that you will advise me if you are unable to process my payment request for any reason, including if I do not qualify for a promotional rate or term, as applicable. In addition, HRCU will not be responsible for any charges billed to me from the credit card account(s) listed above. Balance Transfers will be sent to the card issuer(s) above via USPS standard mail. I understand that I am responsible for ensuring the above credit card accounts receive the requested payment. I also understand that the balances transferred to my HRCU VISA® account will be subject to the same terms and conditions stated under the Credit Card Agreement and Disclosure.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**Last 4 Digits of HRCU VISA Credit Card Number:** \_\_\_\_\_

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**For HRCU Use Only:** Teller #: \_\_\_\_\_ Date Received: \_\_\_\_\_