Financial Trust
Federal Credit Union
When personal service is a must

CREDIT CARD BALANCE TRANSFER

Member Name: _____

Address: _____

City, State, Zip: _____

Financial Trust Federal Credit Union Account #: _____

Financial Trust Federal Credit Union Visa #: _____

Financial Institution or Card Issuer:	
Account Number:	Pay This Amount:
Payment Street Address (include P.O. Box, etc.)	
City, State, Zip	

Financial Institution or Card Issuer:	
Account Number:	Pay This Amount:
Payment Street Address (include P.O. Box, etc.)	
City, State, Zip	

Financial Institution or Card Issuer:	
Account Number:	Pay This Amount:
Payment Street Address (include P.O. Box, etc.)	
City, State, Zip	

By signing below, I authorize you to bill my approved Financial Trust Federal Credit Union Visa credit card for the amounts listed above. I understand that you will advise me if you were unable to process my request for any reason. I understand that Financial Trust Federal Credit Union will not be responsible for any balances exceeding my request or additional finance charges billed to me for the account(s) listed above.

Signature: _____ Date: _____

For Internal Use Only Date: _____ Processed By: _____ Total Balance Transfer: _____