



NGFCU Credit Card Balance Transfer Request

BALANCE TRANSFER

MEMBER NAME
ACCOUNT NUMBER:
CREDIT CARD LIMIT:
TOTAL BALANCE TRANSFER:

If a **payment is due within 10 days** to any of the external accounts you list below, we recommend that you **make a minimum payment** to that account to avoid potential late charges or negative credit reporting.

BALANCE TRANSFER #1
FINANCIAL INSTITUTION / CARD ISSUER NAME:
FULL ACCOUNT NUMBER / CARD NUMBER:
MAILING ADDRESS FOR PAYMENT:
EXACT AMOUNT TO TRANSFER:

BALANCE TRANSFER #2
FINANCIAL INSTITUTION / CARD ISSUER NAME:
FULL ACCOUNT NUMBER / CARD NUMBER:
MAILING ADDRESS FOR PAYMENT:
EXACT AMOUNT TO TRANSFER:

BALANCE TRANSFER #3
FINANCIAL INSTITUTION / CARD ISSUER NAME:
FULL ACCOUNT NUMBER / CARD NUMBER:
MAILING ADDRESS FOR PAYMENT:
EXACT AMOUNT TO TRANSFER:

*****PLEASE BE AWARE THAT ANY INACCURACIES OF ACCOUNT NUMBERS AND MAILING ADDRESSES CAN CAUSE SERIOUS DELAYS IN THE COMPLETION OF THIS REQUEST.*****

SIGNATURES

X _____ DATE _____
MEMBER SIGNATURE

FOR INTERNAL USE ONLY

X _____ DATE _____
VERBAL REQUEST ACCEPTED BY: