

It's easy to transfer balances and save

I want to transfer the following balances to my MCFCU Visa Credit Card.

Member first name	Last name
MCFCU Visa Credit Card account number	Daytime phone number we may contact you ()
Member signature	Date
X	

Return this form to our office, or mail to PO Box 4218, San Rafael, CA 94913, or fax to 415/ 472-1206

Transfer balances from other other cards:

Card #1

Account number	Card issuer (bank, department store, gasoline company, etc.)	Amount to be transferred \$
Card issuer address	City, state	Zip
		Card Issuer phone ()

Card #2

Account number	Card issuer (bank, department store, gasoline company, etc.)	Amount to be transferred \$
Card issuer address	City, state	Zip
		Card Issuer phone ()

Card #3

Account number	Card issuer (bank, department store, gasoline company, etc.)	Amount to be transferred \$
Card issuer address	City, state	Zip
		Card Issuer phone ()

You authorize Marin County Federal Credit Union to charge your MCFCU Visa Credit Card account for the amount(s) listed for transfers. You understand that you are applying for a transfer amount up to the total amount listed on your Balance Transfer request. Balance Transfers are processed in the order listed and for the amount requested, or up to your available credit line. MCFCU will not be responsible for any charges, fees, or transactions billed to you by the accounts listed on the Balance Transfer form. You understand that MCFCU will advise you if it is unable to process your transfer request for any reason. You will continue to make payments until the Balance Transfer is complete. You may not transfer balances to pay off any existing MCFCU account. You agree to abide by the complete terms and conditions of the MCFCU Credit Card account you were provided with previously.

