



## VISA BALANCE TRANSFER AUTHORIZATION FORM

Member Name: \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_

Visa Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CARDS TO BE TRANSFERRED:**

Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:
Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:
Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:

**TRANSFER AGREEMENT**

By signing below, I authorize you to bill my Mississippi Federal Credit Union (MSFCU) Visa account in the full or partial amount(s) for the Amount to Pay indicated above. I understand transfers can take up to 10 days. Accordingly, I will continue to make all required payments until I confirm that the balance transfer has been made. MSFCU is not responsible for charges I may incur on my other account as result of balance transfer request. My accounts a MSFCU must be in good standing at the time the balance transfer offer is processed. See Cardholder Agreement Credit Card Agreement and Truth-In-Lending Disclosure for additional information. Mississippi Federal Credit Union points earn only on purchases, not balance transfers. I understand that you will advise me if you are unable to process my payment request for any reason. Balance transfers are not valid for payment of MSFCU loans or MSFCU Visa card balances.

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Cardholder Signature Date