

VISA Balance Transfer Authorization



MISSISSIPPI FEDERAL
CREDIT UNION

P.O. Box 55889 • Jackson, MS 39296
PH: 601-351-9200 • TF: 800-643-1567 • msfcu.us

Please complete this form and bring it with you to your MSFCU branch.

Member Information

Name: _____ MSFCU Account #: _____

VISA Account # _____

Daytime Phone #: _____ Email: _____

Information about the credit card(s) and the balance to be transferred

1. Type of Card: VISA MasterCard Discover American Express
 Other: _____

Issuing Institution: _____

Account Number: _____

Payment Address: _____

Phone Number: _____

Amount to Pay: _____

2. Type of Card: VISA MasterCard Discover American Express
 Other: _____

Issuing Institution: _____

Account Number: _____

Payment Address: _____

Phone Number: _____

Amount to Pay: _____

3. Type of Card: VISA MasterCard Discover American Express
 Other: _____

Issuing Institution: _____

Account Number: _____

Payment Address: _____

Phone Number: _____

Amount to Pay: _____

Transfer Agreement Terms and Conditions

By signing below, I authorize Mississippi Federal Credit Union (MSFCU) to transfer balance(s) to my MSFCU Visa account as indicated above. I understand that if the requested amount exceeds the available credit on my MSFCU credit card, then the amount of the transfer(s) will be limited to that available credit amount.

Balance transfers may take up to 10 days to complete. Accordingly, I will continue to make all required payments until I confirm that the balance has been transferred. Payment of the amount authorized by you may or may not pay off the outstanding balance on the other credit card account. MSFCU is not responsible for any remaining balance, finance charge or other charges (resulting from the balance transfer) on the credit card account.

All transferred balances will be subject to the standard finance charges which are currently in effect on my MSFCU credit card, as fully described in the Consumer Credit Card Agreement and Disclosure which I have received. I understand that finance charges on the amount to be transferred begin to accrue on the date that the check is issued and mailed by MSFCU.

I understand that my MSFCU membership account must be in good standing at the time this request is processed and that MSFCU will notify me if this transfer request is unable to be processed for any reason. Balance transfers cannot be used for payment of MSFCU loans or credit card balances.

Cardholder Signature _____ Date _____

Mississippi Federal Credit Union Use Only:

Processed by: _____ Teller #: _____ Date: _____ Branch: _____