



Balance Transfer Form

YES! I would like to transfer an existing balance to my MITFCU Visa

Instructions

- The requested transfer amount cannot exceed your MITFCU Visa’s credit limit.
- Upon receiving this form from you, we will send payment directly to your creditor(s).
- Please be aware that transferring your balance does not automatically close your credit cards. You need to contact the credit card company directly to request amount closure.
- Depending on your payment cycle you may need to continue making your regular scheduled payment until the balance transfer has been completed.

Full Name _____ Phone Number _____

Email _____ Member Number _____

Last five digits of MITFCU Visa _____

Balance Transfer #1	Balance Transfer# 2
Name of Financial Institution/Credit Card _____	Name of Financial Institution/Credit Card _____
Credit Card Number _____	Credit Card Number _____
Credit Card Payment Address _____	Credit Card Payment Address _____
Amount of Transfer \$ _____	Amount of Transfer \$ _____
Balance Transfer# 3	Balance Transfer #4
Name of Financial Institution/Credit Card _____	Name of Financial Institution/Credit Card _____
Credit Card Number _____	Credit Card Number _____
Credit Card Payment Address _____	Credit Card Payment Address _____
Amount of Transfer \$ _____	Amount of Transfer \$ _____

I hereby authorize MIT Federal Credit Union to pay the above amount(s) to the creditor(s) indicated. I understand that MITFCU will issue a check to my creditor and add the total amount to my MITFCU Visa credit card amount. I acknowledge that balance transfers are treated as cash advances. I understand that by completing this form, I will obtain credit under the terms previously disclosed.

X _____