



Credit Card-Balance Transfer Form

Please double-check the information you have entered for accuracy, so MFCU can transfer your balance in a timely manner.

INSTRUCTIONS - Please print, fill out, and sign the form. Then: bring it the branch, fax it to (773) 702-2903, or mail it to: MFCU Credit Union: Credit Card Services, 5525C S Ellis Avenue, Chicago, IL 60637. Please include a copy of the latest payment coupon for verification.

Name _____ **MFCU Account Number** _____

I hereby authorize MFCU Credit Union to pay off the balance(s) by means of amount charged to my MFCU Credit Union credit card up to the applicable line limit as approved.

Name of Financial Institution	Account Number	\$ Amount to be Paid
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Address	City	State	Zip
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I understand that MFCU Credit Union is not responsible for my payment being late or lost in the mail, I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand that if there is an insufficient limit on my MFCU Credit Union credit card account, the credit union will return this balance transfer form to me for revision.

PLEASE NOTE: This will not cancel the above listed cards or loans. Please notify the lender to close these accounts.

X _____
Member's Signature

Date