

Daniels Sheridan Federal Credit Union

Credit Card Balance Transfer Form

(Please Print Clearly)

Member Name:	Member No:
Address:	DSFCU Card No. (last 4 digits)
E-mail Address:	Daytime Phone No:
Information about credit card	from which you wish the balance transferred:
Type of Credit Card	
Issuer (bank, credit union, other financial instution, etc.):	
Complete Mailing Address for payments to that credit card (Street/PO Box, City, State, Zip):	
Credit Card Account Number:	
Amount to be Transferred:	
understand that if the requested balance exceeds the available that available credit amount. Transactions amounts used from to for the 90 days following the transfer. After that, you will be considered the state of the state o	Jnion (DSFCU) to transfer the above balance to my DSFCU Credit Card as indicated. I e credit on my DSFCU Credit Card, then the amount of the transfer will be limited to this form willbe applied to your established credit limit and will be charged 7.00% APR harged the standard APR for purchases as described in your Credit Card Agreement, or any subsequent change in terms.
Signature:	Date:
charge. 3. This Balance Transfer Form cannot be used to transfer balance 4. This Balance Transfer Request will be processed within 2-3 bu of the process. Please continue to make the minimum payment the balance has been transferred. Payment of the amount author card account. DSFCU is not responsible for any remaining balance acrd account. 5. DSFCU does not charge a balance transfer fee. We are not ab close the account, you will need to contact the issuer directly.	prcahse or other charge, as you may lose your rights to dispute that purchase or
CC Representative Initial:	Date:
Notes (if any):	-