



Balance Transfer Form

Visa Platinum and Platinum Rewards Cards

Name: _____

Account #: _____

Please complete and return to Local 804 Federal Credit Union using one of the following methods:

Email: info@cu804.org

Fax: (718) 878-4623

Mail: 44 South Bayles Avenue, Suite 204, Port Washington, NY 10050

Transfer #1	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Transfer #2	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Transfer #3	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Transfer #4	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	

Acknowledgment: By signing below, I understand that the processing of my balance transfer can take up to four weeks from the date the request is received by Local 804 Federal Credit Union. Balance transfers are processed in the order listed above and for the amount requested, up to my available credit line, and cannot be used to pay any of my existing Local 804 Federal Credit Union accounts. I am aware that I must continue to make payments directly to my card issuer(s) until the paid balance reflects on my card issuer's statement. I understand that I will not earn rewards points on the above balance transfers. Local 804 Federal Credit Union share and loan accounts must be in good standing at the time of this request for balance transfers to be processed. See Credit Card Agreement and Truth-In-Lending Disclosure for additional information.

Signature: _____

Date: _____