



**BALANCE TRANSFER AUTHORIZATION FORM (Please print legibly)**

(1) Card Issuer/Check payable to: \_\_\_\_\_  
Card Issuer Phone Number: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Amount to Pay: \$ \_\_\_\_\_ Account# \_\_\_\_\_

(2) Card Issuer/Check payable to: \_\_\_\_\_  
Card Issuer Phone Number: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Amount to Pay: \$ \_\_\_\_\_ Account# \_\_\_\_\_

(3) Card Issuer/Check payable to: \_\_\_\_\_  
Card Issuer Phone Number: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Amount to Pay: \$ \_\_\_\_\_ Account# \_\_\_\_\_

Please read carefully before signing. I/we certify that all information herein is true, complete and accurate. I/we hold the Credit Union harmless if balance transfer is not received or applied to the account intended if the payment information is not accurate. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. I/we will be responsible for making continuous payments on our existing balances until this balance transfer has been fully executed. This offer is subject to the credit policies for this institution. I/we agree to be bound by the terms and conditions of the credit union card agreement and its disclosure. I/we agree to give FFCU a lien and security interest on all present and future shares in my/our name to secure the prompt payment and proper performance of my/our obligation under the credit card agreement. I have read and agree to the disclosures.

*By signing below I acknowledge that all information given is complete and accurate.*

\_\_\_\_\_  
Member's Signature/Joint Owner's Name Signature | Phone Number | Date

\_\_\_\_\_  
Member's Name/Joint Owner's Name (Please print) | Member's Credit Union Account Number

**FAX:** 626.445.8042 | **MAIL:** Foothill Federal Credit Union, P.O. Box 660130, Arcadia, CA 91066-0130