
**CREDIT CARD BALANCE TRANSFER
AUTHORIZATION**

My signature below authorizes Foothill Federal Credit Union to transfer the amounts shown to my Foothill Credit Card Account. I understand that my total balance transfer amount must be more than \$500 and not to exceed my approved credit limit. **Please note:** *Current Foothill card balances do not qualify for promotional rates with credit card balance transfer.*

First Name _____ MI _____ Last Name _____ Foothill Member Number _____

Daytime Phone _____ Evening Phone _____ Mobile Phone _____

E-Mail Address _____ Foothill Mastercard Credit Card Number _____

1st Creditor to be Paid

Card Number _____

\$ _____
Amount to be Paid

Payment Mailing Address

2nd Creditor to be Paid

Card Number _____

\$ _____
Amount to be Paid

Payment Mailing Address

3rd Creditor to be Paid

Card Number _____

\$ _____
Amount to be Paid

Payment Mailing Address

4th Creditor to be Paid

Card Number _____

\$ _____
Amount to be Paid

Payment Mailing Address

Primary Member (Card Holder) Signature _____

Date _____

Processed by:

Date Processed: