



CREDIT CARD BALANCE TRANSFER REQUEST FORM

Name _____

Member # _____

Card # _____

Exp. Date _____

Phone # _____

CVC # _____

- Using my NSP Credit Union VISA card, I wish to pay the account(s) I have listed below.
- I have enclosed payment stubs and return envelopes to provide accurate information for my transfer process.
- I understand that the transfers will appear on my NSP Credit Union VISA as cash advances. NSP Credit Union does not charge a cash advance transaction fee, but finance charges will begin to accrue on the day the transfer is posted to my NSP Credit Union VISA account.
- NSP Credit Union is not responsible for any late charges or finance charges incurred on the accounts I am transferring. I also understand that NSP Credit Union is not responsible for my payments being late or lost in the mail.

BALANCE TRANSFER INFORMATION

| INSTITUTION NAME | ACCOUNT NUMBER | ADDRESS | PAYOFF AMOUNT |
|------------------|----------------|---------|---------------|
| | | | |
| | | | |
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| | | | |
| | | | |

TOTAL _____

I have read and understand the above information explaining the terms of this balance transfer offer. I authorize NSP Credit Union to pay the balances listed by charging the amounts to my NSP Credit Union VISA card account.

Cardholder Signature _____ Date _____

PLEASE MAKE SURE TO INCLUDE PAYMENT STUBS AND RETURN ENVELOPES!