

FECU Credit Card Balance Transfer Agreement

FECU Visa Credit Card Account Holder Information

FECU Credit Card Account # _____

Member Name (please print) _____

Creditor/Card to Transfer Balance Form

1. **Creditor** _____ Amount \$ _____ + 3% (min \$25) \$ _____ = Total \$ _____

Payment Mailing Address _____

Credit Card Account # _____

2. **Creditor** _____ Amount \$ _____ + 3% (min \$25) \$ _____ = Total \$ _____

Payment Mailing Address _____

Credit Card Account # _____

I hereby authorize **Federated Employees Credit Union (FECU)** to initiate a **balance transfer** to pay off the above Credit Card(s) and put the balance on my FECU VISA account # indicated above if I have the available credit on my FECU VISA account on the designated date of this transfer. I agree to pay a 3% or minimum \$25 Balance Transfer Fee and any other applicable fees for this service as disclosed in the Fee Schedule and Account Agreement. I understand that there is no grace period on the balance transfer and interest will begin to accrue on the date of the transfer. The Annual Percentage Rate will be 0.00% only on the balance transferred until December 31, 2021, and then will convert to the standard Annual Percentage Rate in effect for Cash Advances at that time.

Federated Employees Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Member Signature _____ Date _____

FECU Use Only

Entered by _____