Health ADVANTAGE CREDIT UNION

Balance Transfer Form

Complete the following form and return to any Health Advantage Federal Credit Union (HAFCU) branch location.

Member Name: _____

Credit Card Account Number: _____ Credit Card Loan ID: _____

Phone Number: _____

You hereby authorize HAFCU to complete a Balance Transfer Advance charged to Your HAFCU credit card identified above on this form, up to Your available limit, at Your current credit card balance transfer contracted rate disclosed on Your Credit Card Account Opening Disclosure for the following credit card balances:

1) Credit Card Name/Issuer: _____
   Credit Card Account Number: _____
   Balance Transfer Amount: _____

2) Credit Card Name/Issuer: _____
   Credit Card Account Number: _____
   Balance Transfer Amount: _____

3) Credit Card Name/Issuer: _____
   Credit Card Account Number: _____
   Balance Transfer Amount: _____

4) Credit Card Name/Issuer: _____
   Credit Card Account Number: _____
   Balance Transfer Amount: _____

Acknowledgement. You understand and acknowledge that the Balance Transfer Advance funds will be deposited to Your HAFCU Checking Account associated with the credit card Account Number listed above, and it is Your responsibility to pay the credit card account(s) and issuer(s) described above. If You do not have an HAFCU Checking Account, the funds will be deposited to Your HAFCU Primary Savings Account associated with the credit card Account Number listed above. You further understand that HAFCU is not responsible for Your payment being late or lost in the mail to the credit card account(s) and issuer(s) described above. You understand that it is Your responsibility to close any credit card account(s) described above to avoid any annual fees that may be assessed to those accounts.

You promise that everything stated in this Balance Transfer Form is correct to the best of your knowledge. If there are any important changes, you will notify us immediately. It is a crime to willfully and deliberately provide incomplete or incorrect information in this alteration request.

You acknowledge all terms of the credit card Application and the Consumer or Business Credit Card Agreement and Disclosure continue to apply to Your credit card account.

Primary Cardholder Signature Date

CREDIT UNION USE ONLY
Processed By: _____ Processed Date: _____