



BALANCE TRANSFER AUTHORIZATION

Lower your credit card costs when you transfer your other high-rate credit card balances to your SUN Credit Union Visa®.

MEMBER INFORMATION (Please print in blue or black ink)	
PRIMARY MEMBER	CREDIT UNION ACCOUNT NUMBER
MEMBER ADDRESS	VISA ACCOUNT NUMBER
CITY/STATE/ZIP	HOME PHONE ()
AUTHORIZED SIGNATURE	WORK PHONE ()

CREDITOR INFORMATION

1	NAME OF ISSUING BANK/INSTITUTION
ADDRESS	
CITY/STATE/ZIP	
ACCOUNT NUMBER	
EXACT AMOUNT TO TRANSFER \$	

2	NAME OF ISSUING BANK/INSTITUTION
ADDRESS	
CITY/STATE/ZIP	
ACCOUNT NUMBER	
EXACT AMOUNT TO TRANSFER \$	

3	NAME OF ISSUING BANK/INSTITUTION
ADDRESS	
CITY/STATE/ZIP	
ACCOUNT NUMBER	
EXACT AMOUNT TO TRANSFER \$	

4	NAME OF ISSUING BANK/INSTITUTION
ADDRESS	
CITY/STATE/ZIP	
ACCOUNT NUMBER	
EXACT AMOUNT TO TRANSFER \$	

5	NAME OF ISSUING BANK/INSTITUTION
ADDRESS	
CITY/STATE/ZIP	
ACCOUNT NUMBER	
EXACT AMOUNT TO TRANSFER \$	

6	NAME OF ISSUING BANK/INSTITUTION
ADDRESS	
CITY/STATE/ZIP	
ACCOUNT NUMBER	
EXACT AMOUNT TO TRANSFER \$	

**Mail to: SUN Credit Union,
4205 Hollywood Boulevard, Hollywood, Florida 33021 or fax:
954-480-3462 or email: loans@suncu.org.**

Transfers are considered cash advances, therefore finance charges will begin on the transaction date. Transferred amount cannot be from another SUN Credit Union Visa account. **Please continue making payments on your other credit card account(s) until the balance transfer is confirmed on your other institution's account statement.**

Office Use Only: CL _____ APR _____

For Credit Union Use Only: Initial _____ Date _____