



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 _____