

BALANCE TRANSFER REQUEST



MUTUAL SECURITY

Your Community Credit Union

We Work for You!

800.761.2400 www.mscu.net

Applicant Name: _____

Member Number: _____

This is a request to payoff the balance(s) due on credit cards or other retail charge accounts with my Mutual Security Credit Union VISA Credit Card ending:

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Please pay the following accounts:

CREDIT CARD ISSUER	
PAYMENT ADDRESS	
ACCOUNT #	BALANCE \$
CREDIT CARD ISSUER	
PAYMENT ADDRESS	
ACCOUNT #	BALANCE \$
CREDIT CARD ISSUER	
PAYMENT ADDRESS	
ACCOUNT #	BALANCE \$
CREDIT CARD ISSUER	
PAYMENT ADDRESS	
ACCOUNT #	BALANCE \$

I understand that in order to pay these accounts you will post the amounts as a balance transfer to my VISA account and that a finance charge will be assessed on the balance transfer starting with the day you post it to my account (accruing daily at my current balance transfer rate), and charged a 3% fee, minimum \$5.00. I also understand that MSCU will pay the balance (s) in the order listed, and notify me of the account (s) that can not be paid. I further understand that MSCU will forward the amount that I have listed, and is not responsible for any outstanding charges or interest on these accounts in which case the balance transfer may not pay the total balance due. I also understand that MSCU is not responsible for my payment being late or lost in the mail.

X _____
Applicant Signature

Date