

PSCCU BALANCE TRANSFER REQUEST

Please return the completed form to us and we will take care of the rest!

1 Card Issuer: _____
Account# _____
Payment Address (from STATEMENT): _____
City/State _____ ZIP _____
Amount to transfer: \$ _____
Card Issuer Phone Number: _____

2 Card Issuer: _____
Account# _____
Payment Address (from STATEMENT): _____
City/State _____ ZIP _____
Amount to transfer: \$ _____
Card Issuer Phone Number: _____

3 Card Issuer: _____
Account# _____
Payment Address (from STATEMENT): _____
City/State _____ ZIP _____
Amount to transfer: \$ _____
Card Issuer Phone Number: _____

By signing below I authorize PSCCU to pay on my behalf each balance or portion of balance I have designated. I have read the terms and conditions.

PSCCU Account # _____

Name (printed): _____

Signature: _____

Terms & Conditions:

1 - If the transfer information you provide is incomplete, PSCCU will not be able to process the transfer request. Transfers will be sent only to recognized creditors or financial institutions and will not be sent to your home or billing address.

2 - Please continue to make your minimum required payment until the requested transfer payment appears on that accounts billing statement. PSCCU is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.

3 - If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.

4 - If you wish to close any of the transfer accounts you must do so yourself.

5 - Account balance transfers are contingent upon account setup and available credit. In some cases PSCCU may not be able to process a balance transfer request.