



CREDIT CARD BALANCE TRANSFER REQUEST FORM

FROM: NAME _____ MEMBER # _____
 N.S.P. VISA CARD # _____ EXP DATE: _____
 DAYTIME PHONE # _____ CVC CODE: _____

- * Using my N.S.P. St. Paul Credit Union Visa card, I wish to pay off the account (s) I have listed below.
- * I have enclosed payment stubs and return envelopes to provide accurate information for my transfer process.
- * I understand that the transfers will appear on my N.S.P. St. Paul Credit Union Visa as cash advances. N.S.P. St. Paul Credit Union does not charge a cash advance transaction fee, but finance charges will begin to accrue on the day the transfer is posted to my N.S.P. St. Paul Credit Union Visa account.
- * N.S.P. St. Paul Credit Union is not responsible for any late charges or finance charges incurred on the accounts I am transferring. I also understand that N.S.P. St. Paul Credit Union is not responsible for my payments being late or lost in the mail.

BALANCE TRANSFER INFORMATION

| INSTITUTION NAME | / ACCOUNT NUMBER | / ADDRESS | / PAYOFF \$\$ |
|------------------|------------------|-----------|---------------|
| 1. _____ | / _____ | / _____ | / _____ |
| 2. _____ | / _____ | / _____ | / _____ |
| 3. _____ | / _____ | / _____ | / _____ |
| 4. _____ | / _____ | / _____ | / _____ |
| 5. _____ | / _____ | / _____ | / _____ |

TOTAL \$ _____

I have read and understand the above information explaining the terms of this balance transfer offer. I authorize N.S.P. St. Paul Credit Union to pay the balances listed by charging the amounts to my N.S.P. St. Paul Credit Union Visa account.

Cardholder Signature _____ Date _____

(Please make sure to include payment stubs and return envelopes !)