



# SEABOARD

## FEDERAL CREDIT UNION

*The smart place for your money*

### VISA BALANCE TRANSFER FORM

Transfer balances to your Seaboard Federal Credit Union VISA from other financial institutions. To transfer card balances, please complete all information requested and sign. You can either mail (PO Box G Bucksport, Me 04416) or fax (207-469-6696) the form back to us or bring it to the credit union.

I hereby authorize Seaboard Federal Credit Union to pay the amount indicated to the card issuer shown by issuing a check and adding the amount to my Seaboard Federal Credit Union Visa credit card account. I understand that SFCU may not be able to process a balance transfer request if it exceeds my available credit limit.

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

#### ACCOUNTS TO BE PAID

Card Issuer \_\_\_\_\_  
Payment Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Account # \_\_\_\_\_ Amount to Transfer \$ \_\_\_\_\_

Card Issuer \_\_\_\_\_  
Payment Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Account # \_\_\_\_\_ Amount to Transfer \$ \_\_\_\_\_

Card Issuer \_\_\_\_\_  
Payment Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Account # \_\_\_\_\_ Amount to Transfer \$ \_\_\_\_\_

**Please read and sign back of form.**

I understand if the transfer information I provide is incomplete, the credit union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to my home or billing address. I will continue to pay the minimum monthly amount due on my current credit card balance(s) until I am notified that SFCU has paid the creditor listed above. Balance transfers are treated as cash advances and begin accruing interest the day they are posted to your account. Paying off the balance(s) does not automatically close your other credit card account(s). To close your other credit card account(s) simply notify the credit card company. It is my responsibility to pay any balance remaining on my other credit card account(s) and close them if I desire. Any amount currently in a billing dispute should not be transferred, as I may lose my dispute rights. SFCU does not assume responsibility for any late payments, finance charges or disputed amounts on your accounts. I understand this request will be processed within 5 business days after receipt of this form. My current VISA balance and any added balance transfer cannot exceed my VISA limit. I also understand that in some cases the credit union may not be able to process a balance transfer request.

Fees: 2% of balance transferred (Min. \$10 - Max. \$25)

Minimum transfer amount is \$500.00

---

Cardholder Signature

---

Date

**Main Office** • 177 Main Street • P.O. Box G • Bucksport, ME 04416 • 207.469.6341 • 207.469.2866 fax • 800.639.2206 toll free

**Ellsworth Branch** • 200 Main Street • P.O. Box 115 • Ellsworth, ME 04605 • 207.667.8285 • 207.667.6848 fax

**Hermon Branch** • 2410 Route 2 • P.O. Box 6359 • Hermon, ME 04401 • 207.848.9995 • 207.848.3555 fax

[www.seaboardfcu.com](http://www.seaboardfcu.com) • Email: [info@seaboardfcu.com](mailto:info@seaboardfcu.com)