Balance Transfer Request

MemberSource® Credit Union

Member name:_____ Member number: _____

Member email:_____ Daytime phone number: _____

1st Transfer Amount

Type of account: O Visa® O MasterCard® O Retail O Other

Account number: _____

Account name as it appears on statement:

_____

Creditor: _____

Address to which you send payments:

_____

_____

Transfer Amount $___ ___ ___ ___ ___ . ___ ___

2nd Transfer Amount

Type of account: O Visa® O MasterCard® O Retail O Other

Account number: _____

Account name as it appears on statement:

_____

Creditor: _____

Address to which you send payments:

_____

_____

Transfer Amount $___ ___ ___ ___ ___ . ___ ___

3rd Transfer Amount

Type of account: O Visa® O MasterCard® O Retail O Other

Account number: _____

Account name as it appears on statement:

_____

Creditor: _____

Address to which you send payments:

_____

_____

Transfer Amount $___ ___ ___ ___ ___ . ___ ___

4th Transfer Amount

Type of account: O Visa® O MasterCard® O Retail O Other

Account number: _____

Account name as it appears on statement:

_____

Creditor: _____

Address to which you send payments:

_____

_____

Transfer Amount $___ ___ ___ ___ ___ . ___ ___

5th Transfer Amount

Type of account: O Visa® O MasterCard® O Retail O Other

Account number: _____

Account name as it appears on statement:

_____

Creditor: _____

Address to which you send payments:

_____

_____

Transfer Amount $___ ___ ___ ___ ___ . ___ ___

6th Transfer Amount

Type of account: O Visa® O MasterCard® O Retail O Other

Account number: _____

Account name as it appears on statement:

_____

Creditor: _____

Address to which you send payments:

_____

_____

Transfer Amount $___ ___ ___ ___ ___ . ___ ___

By signing below, I authorize MemberSource Credit Union to pay my creditors in the amount(s) indicated. I understand that MemberSource Credit Union will advise me if it is unable to process my request for any reason. I also understand that my balance transfer request(s) are subject to credit availability and my qualification as a member in good standing. I acknowledge that my request to pay off the creditors mentioned may take up to five (5) business days after submission to process and I should continue to pay those accounts accordingly. MemberSource Credit Union is not responsible for closing my other account(s). They will not close automatically even if they are paid off in full. MemberSource is not responsible for any charges billed to me for the account(s) indicated. I also understand that some limitations may apply and I cannot use this balance transfer request to payoff any MemberSource Credit Union loan. Transfer request must be received by the promotion end date to be effective. Late submissions will not be accepted. **AMENDMENT TO CREDIT CARD AGREEMENT:** This is a special offer of 0% APR only on balance transfers that post to your account February 1, 2021 through May 31, 2021. Your rate on these transactions will remain the same through your December 2021 statement, then it will revert back to the standard rate in your Credit Agreement. However, if your account becomes two consecutive payments past due, this special APR will end on the last day of the billing period that included the due date of the late payment. Thereafter, the standard rate in your Credit Card Agreement will apply to the unpaid balance. Purchases or Cash Advances do not qualify for the special offer. Transfers through Online Banking count as Cash Advances. Payments are allocated to pay off the higher APR balances first. See a credit union representative for complete details. The 2% Balance Transfer Fee will be assessed and included in the amount at time transfer is made.

Print completed page. Sign and fax to MSCU.

Fax completed form to
713.244.3300

_____
Member Signature

FOR OFFICE USE ONLY

Teller Number: _____ Date Completed: _____

Date Received: _____