



Balance Transfer Authorization

MEMBER INFORMATION

Name: _____

Address: _____

City/ State/ Zip: _____

Account Number: _____ Daytime Telephone: _____

E-mail Address: _____

Credit Card #: _____

Please use the following guidelines to transfer other loan or credit card balances to your Golden 1 Visa credit card account. List the transfer that is most important to you first. The minimum total transfer amount is \$100.

1) Payee: _____

Payment Address: _____

Transfer Amount: _____ Account Number: _____

2) Payee: _____

Payment Address: _____

Transfer Amount: _____ Account Number: _____

3) Payee: _____

Payment Address: _____

Transfer Amount: _____ Account Number: _____

4) Payee: _____

Payment Address: _____

Transfer Amount: _____ Account Number: _____

The processing of your requested balance transfer can take up to 30 days from the date your request is received. Your Golden 1 credit card statement will show the name(s) and amount(s) of your transfer request. To ensure that your credit accounts remain in good standing, you should continue making monthly payments until all of the amounts being paid appear as credit on your other creditor's statements.

By signing below, you authorize Golden 1 Credit Union to bill your approved Golden 1 Credit Union credit card account in the amount(s) indicated above. You acknowledge that Golden 1 Credit Union is not responsible for any finance charges, fees, or penalties bill to you for the account(s) indicated above. If this is a new credit card account, you have up to 14 days to cancel or rescind this Balance Transfer Authorization.

X _____
Signature Date

CREDIT UNION USE ONLY:

Employee Name: _____

Teller Number: _____

Employee Phone Number: _____

Manager's Name: _____

NOTE: Verify member has signed and dated the form. Provide copy of documentation to the member.