

AFFCU Account Number _____

CREDIT CARD BALANCE TRANSFER AUTHORIZATION FORM

AFFCU CREDIT CARD ACCOUNT NUMBER _____

| Creditor's Name | Creditor's Address | Date Due | Creditor's Account Number | Transfer Amount |
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By signing this form, I (we) authorize America's First Federal Credit Union to transfer the balance(s) listed above to my (our) AFFCU Credit Card Account. I (we) understand that the amount transferred cannot exceed my (our) available credit limit. The balance(s) transferred will be subject to the terms and conditions of the AFFCU Credit Card Agreement I (we) previously signed. Balance transfers are treated as cash advances and a finance charge is imposed from the day they are posted to my (our) account. Additionally, AFFCU will not be responsible for any charges (including finance charges) or fees billed to me (us) for the above listed account(s).

Print Account Holder's name _____

Applicant's signature _____ Date _____

Applicant's signature _____ Date _____