



## Balance Transfer Request Form

**\* ALL FIELDS ARE REQUIRED**

Cardholder Name

Home Phone #

Work Phone #

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CU Account Number:

FLFCU Credit Card Account Number

Credit Line Available \$

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Merchant Name/ Card Issuer

Account Number  Amount to Pay

Merchant Address  Merchant Phone #

City  State  Postal Code

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Merchant Name/ Card Issuer

Account Number  Amount to Pay

Merchant Address  Merchant Phone #

City  State  Postal Code

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Merchant Name/ Card Issuer

Account Number  Amount to Pay

Merchant Address City  Merchant Phone #

State  Postal Code

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*\*\* Balance Transfers may not exceed approved credit limit. You agree to allow 30 days for FLFCU to process your request. FLFCU is not responsible for finance charges and fees incurred prior to your balance being transferred.*

Signature  Date

**FILL OUT FORM AND EMAIL OR FAX TO: [CardServices@firstlightfcu.org](mailto:CardServices@firstlightfcu.org), 915-745-4115**

**For Credit Union Use Only - Please Print Clearly**

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FLFCU Staff Name Issuing Form  Operator #  Ext #

FLFCU Staff Name Receiving Form  Operator #  Ext #

FLFCU Card Services/MSR Processing Form  Date: