



VISA® Balance Transfer Form
(Please Print Clearly)

Member Name:	Member No:
Address:	UTELFCU Visa Card No: (last 4 digits)
Email address:	Daytime Phone:

Please complete the information below regarding the credit card or loan balance you would like to transfer to your UTELCU Visa Credit Card. (Please use a separate form for each transfer request.)

Type of Credit Card/Loan	
Issuer (name of bank, credit union, store, etc.)	
Name of Account Holder	
Issuer Payment Mailing Address and Phone number (Street/PO Box, City, State, Zip Code and telephone number)	
Issuer Account Number	
Amount to be transferred	\$

By signing below, I authorize Utica District Telephone Employees Federal Credit Union (UTELFCU) to transfer the above balance to my UTELCU credit card as indicated. I understand that if the requested balance exceeds the available credit on my UTELCU credit card, then the amount of the transfer will be limited to that available credit amount. All balances will be subject to the standard finance charges which are currently in effect on my UTELCU credit card, as fully described in the Consumer Credit Card Agreement which I received upon approval of my application. I understand that finance charges on the amount to be transferred begin to accrue on date that the check is prepared and mailed by UTELCU.

Signature: _____ Date: _____

Please note:

- 1) This Balance Transfer Form must be completed accurately and legibly.
- 2) Please be advised not to transfer the amount of any disputed purchase or other charge, as you may lose your rights to dispute that purchase or charge.
- 3) This Balance Transfer request will be processed within 1 -2 business days of receipt by UTELCU. A confirmation will be sent to you upon completion of the process. Please continue to make the minimum payment of the designated credit card/loan account until that institution notifies you that the balance has been transferred. Payment of the amount authorized by you may or may not pay off the outstanding balance on the other credit card/loan account. UTELCU is not responsible for any remaining balance, finance charge or other charge (resulting from the balance transfer) on the credit card or loan account.

Credit Union Use Only:

Processed by: _____ Date: _____

Please fax the completed form to 315-793-8296 or mail it to UTELCU, 2812 Genesee St., Utica, NY 13502