



8828 N. Stemmons Freeway, Suite #113, Dallas, TX 75247
[P] 214.630.0611 • [F] 214.688.7042 • www.mmccu.com

Credit Card Balance Transfer Form

Please complete this Credit Card Balance Transfer Form and return it to the Lending Department. While most balance transfers will be made sooner, please allow up to thirty (30) days for processing. You may transfer up to your Metro Medical Credit Union (MMCU) Visa® Credit Card Limit and any pending transactions that have not posted to your account may affect your available credit limit.

Personal Information: *please print*

Name: _____ Member Number: _____

Current Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Home Mobile Work

Email Address: _____

MMCU Visa® Card Number:

Balance Transfer #1:

Name of Account Holder: _____ Amount to Transfer: \$ _____

Name of Card Issuer: _____

Credit Card Account Number:

Payment Address: _____

Suite/Unit #: _____ City: _____ State: _____ Zip: _____

For credit union use only:

Credit Limit: \$ _____ Current Balance: \$ _____ As of: _____

Additional Comments: _____ Initials/Teller#: _____

Continued on reverse →

Balance Transfer #2:

Name of Account Holder: _____ Amount to Transfer: \$ _____

Name of Card Issuer: _____

Credit Card Account Number:

Payment Address: _____

Suite/Unit #: _____ City: _____ State: _____ Zip: _____

Balance Transfer #3:

Name of Account Holder: _____ Amount to Transfer: \$ _____

Name of Card Issuer: _____

Credit Card Account Number:

Payment Address: _____

Suite/Unit #: _____ City: _____ State: _____ Zip: _____

Balance Transfer Agreement:

By signing below, I authorize you to bill my Metro Medical Credit Union (MMCU) Visa® Credit Card in the amount(s) indicated above. I understand that my balance transfer requests are processed as Cash Advances according to the terms of MMCU Visa® Credit Card Agreement and are subject to credit availability and my qualification as a member in good standing. I understand that, although most balance transfers will be made sooner, transfers can take up to thirty (30) days to process. Accordingly, I will continue to make all required payments until I confirm that the balance transfer has been complete. I understand that all overpayments must be refunded by the other institution and that MMCU is not responsible for any late charges incurred if payment is not received by the due date. I understand that I will be responsible for any remaining balance(s) if the amount designated above is insufficient to pay off the balance(s) on the account(s). I understand that I will be notified if you are unable to process my balance transfer request for any reason and that MMCU reserves the right to refuse multiple transfers from the same credit card. I understand that balance transfers are not valid for payments of MMCU loans or MMCU Visa® Credit Card balances. Please see the Visa® Credit Card Agreement and Truth-In-Lending Disclosure for additional information.

X

Member Signature

Date