

Not a bank. Better. .

FOR OFFICE USE ONLY

Date

Complete form, print, and mail to: CEFCU, Attn: Credit Card Operations, PO.Box 1715, Peoria, IL 61656-1715

CEFCU® Mastercard® Credit Card Balance Transfer Request

Approved

Tell Us About Yourself	*Required fields Additional Terms and Conditions Regarding Balance
	Transfers to Your CEFCU Mastercard Credit Card Account
Full Name (first/middle initial/last)*	Consult your CEFCU Mastercard, CEFCU Rewards Mastercard, and CEFCU World Mastercard Cardholder Agreement (CEFCU Cardholder Agreement) for complete details regarding rates, terms, and repay- ment conditions for your CEFCU Mastercard Credit Card. <u>If you</u>
CEFCU Savings Account Number* Address*	choose to transfer balances to your CEFCU Mastercard Credit Card, the terms and conditions in your CEFCU Cardholder Agreement, including the terms and conditions for balance transfers, and the
	additional terms and conditions outlined below, apply. Balance Transfer requests to "cash," to yourself, to other accounts at
City/State/ZIP*	CEFCU, or to persons other than a credit card issuer/lending institution are not permitted; an individual is not considered a credit card issuer/ lending institution. Balance Transfer Payments may only be made to
CEFCU Credit Card Number (last four digits only)*	credit card issuers/lenders with a United States address. If you have a dispute with a creditor and pay that balance by a Balance Transfer with us, you may lose certain dispute rights. Balance Transfers to a CEFCU Rewards Mastercard or World Mastercard Credit Card account are not
Telephone Number*	eligible to earn Rewards Points.
Tell Us About the Credit Card(s)/Loan(s) To Be Paid	Balance Transfers can only be made to current, active CEFCU
Minimum balance transfer: \$100	Mastercard Credit Card accounts. Minimum Transfer amount: \$100. Transfers of balances will reduce your available credit limit just like any other transaction. A Balance Transfer will be processed by
First Credit Card Issuer/Lender Name*	payment drawn on the account and made by us directly to the other credit card issuer(s) or other lender(s). If a portion of a requested Balance Transfer will exceed your available credit limit, we may
Payment Address*	process a partial Balance Transfer up to your available credit limit or may decline to process any full or partial Balance Transfer.
City/State/ZIP*	Once your Balance Transfer Request has been received and ap- proved by CEFCU, a check will be sent to each credit card issuer(s)/ lender(s) you list and will include your name plus the account(s) and amount(s) paid. Furthermore, you will receive a confirmation from
Account Number (Account must be in your name)*	CEFCU on the account(s) and amount(s) paid, and you will see a pay- ment for the amount transferred on the statement from your other account(s). Please allow up to six (6) weeks for the entire transfer
How Much You Want Paid (Exact dollar amount)*	process to be completed. CEFCU shall not have any liability for not transferring any balance
Second Credit Card Issuer/Lender Name*	which exceeds your credit limit or if you are past due on your CEFCU Mastercard Credit Card account. Payments and transfers of bal- ances are only available for CEFCU Mastercard Credit Card accounts
Payment Address*	in good standing and are contingent upon approval by CEFCU. In addition, CEFCU is not liable or responsible for any late fees, finance charges, disputed amounts, or other fees by the other credit card
City/State/ZIP*	 issuer/lender in the event: You do not continue to make minimum payments until the transferred amount posts to the account with the other credit card issuer/lender; your transfer request is not approved by CEFCU; the transfer payment to the other credit card issuer/
Account Number (Account must be in your name)*	lender is late or lost.
How Much You Want Paid (Exact dollar amount)*	This balance transfer request cannot be canceled once it is completed, signed, and returned to CEFCU and the payments have been sent.

Authorized signature...

By signing below, I request that CEFCU make the payment(s) in the amount(s) to the credit card issuer(s)/lender(s), from my CEFCU Mastercard, indicated above. I understand that once this request has been completed, signed, and returned to CEFCU and the payment(s) have been sent, this request cannot be canceled. I acknowledge and agree that the requested payment(s) are subject to the terms and conditions of the CEFCU Mastercard, CEFCU Rewards Mastercard, and CEFCU World Mastercard Cardholder Agreement, Account-Opening Disclosure Statement, and the **additional terms and conditions above**.

Cardholder Signature*



Federally Insured by NCUA



Date*

1320W (1216)

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Savings Account No.

MC/Dept.

User ID No.

U/S: Y N