

## Balance Transfer Request Form

Transfer your high-rate credit card balances to your CESFCU Visa. Please complete the necessary information requested below, sign and return the form to CESFCU one of the following ways:

**Fax:** 501.671.2306

**Secure Email:** [contactcesfcu@uada.edu](mailto:contactcesfcu@uada.edu)

**Mail:** CESFCU  
2301 S. University Ave.  
Little Rock, AR 72204

Member Name	Account Number
Address	Email
CESFCU Visa Credit Card Number	Contact Phone

Balance Transfer to be Made to:			
Credit Card/Account Number		Amount to Transfer	
Name of Bank, Store, Company, etc.		Name on Credit Card/Account	
Payment Address	City	State	Zip

Balance Transfer to be Made to:			
Credit Card/Account Number		Amount to Transfer	
Name of Bank, Store, Company, etc.		Name on Credit Card/Account	
Payment Address	City	State	Zip

Balance Transfer to be Made to:			
Credit Card/Account Number		Amount to Transfer	
Name of Bank, Store, Company, etc.		Name on Credit Card/Account	
Payment Address	City	State	Zip

The balance transfer form must be completed accurately and legibly. If you wish to transfer more than three credit card/account balances, please attach another form. Be sure to complete and sign both forms.

Balances transferred may increase your minimum payment due. (The minimum payment will be either 3.0% of your total New Balance or \$15.00, whichever is greater.) All terms and conditions outlined in the Credit Card Agreement apply; CESFCU reserves the right to decline any balance transfer request.

The standard purchase price APR, which is currently 6.00% - 11.50% for the CESFCU Visa Gold Card will be applied.

By signing below, I understand that the balance transfer process will take approximately 7-10 business days to process once received by CESFCU. Balance transfers are processed in the order listed on the form above and for the amount requested, up to my available credit line. I have been advised not to transfer the amount of any disputed purchase or other charge, as I may lose my rights to dispute the purchase or charge. I am aware that I need to continue to make normal payments on all my credit card and or other accounts until the transferred amount appears as a payment on those credit card/account statements. I understand that CESFCU is not responsible for any additional charges or fees assessed by my other credit card and or account(s), or for payments that are late or lost in the mail. I am aware that the payment of the amount authorized by me may or may not pay off the outstanding balance on the credit card and or other accounts. I know that CESFCU is not able to close my other credit card and or accounts; I must contact those issuers directly. I understand that I may transfer balances from other non-CESFCU credit cards up to my established credit limit.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Credit Union Use Only: Complete by: \_\_\_\_\_

Date: \_\_\_\_\_