

CREDIT CARD BALANCE TRANSFER REQUEST FORM



Name _____ Member # _____

NSP VISA Card _____ Exp. Date _____

Daytime Phone # _____ CVC Code _____

- Using my NSP St. Paul Credit Union Visa card, I wish to pay off the account(s) I have listed below.
- I have enclosed payment stubs and return envelopes to provide accurate information for my transfer process.
- I understand that the transfers will appear on my NSP St. Paul Credit Union Visa as cash advances. NSP St. Paul Credit Union does not charge a cash advance transaction fee, but finance charges will begin to accrue on the day the transfer is posted to my NSP St. Paul Credit Union Visa account.
- NSP St. Paul Credit Union is not responsible for any late charges of finance charges incurred on the accounts I am transferring. I also understand that NSP St. Paul Credit Union is not responsible for my payments being late or lost in the mail.

BALANCE TRANSFER INFORMATION

INSTITUTION NAME	ACCOUNT NUMBER	ADDRESS	PAYOFF \$
1)			
2)			
3)			
4)			
5)			

TOTAL \$ _____

I have read and understand the above information explaining the terms of this balance transfer offer. I authorize NSP St. Paul Credit Union to pay the balances listed by charging the amounts to my NSP St. Paul Credit Union Visa Account.

Cardholder Signature _____ Date _____

PLEASE MAKE SURE TO INCLUDE PAYMENT STUBS AND RETURN ENVELOPES!