



Credit Card Balance Transfer

Member Name _____ Member No. _____

Credit Card No. _____ Expiration Date _____ (MM/YY)

CREDIT CARDS TO PAY

Card Issuer Name _____

Address _____

Credit Card No. _____ Amount to Pay _____

Card Issuer Name _____

Address _____

Credit Card No. _____ Amount to Pay _____

Card Issuer Name _____

Address _____

Credit Card No. _____ Amount to Pay _____

Card Issuer Name _____

Address _____

Credit Card No. _____ Amount to Pay _____

By signing below, I authorize payment to the card issuers listed above utilizing the available credit on my Cornerstone Financial Credit Union Visa. I understand payment of balances listed above is subject to approval by Cornerstone Financial Credit Union. I agree that these transferred balances shall be treated as a cash advance according to the terms set forth in the Consumer Credit Card Agreement. I understand payment of the amounts authorized may not pay off the total outstanding balance of each designated account, and I will continue to be responsible for any balance remaining unpaid. The Credit Card Balance Transfer form may not be used to repay debt owed to Cornerstone Financial Credit Union or to cash-out.

Member Signature _____ Date _____