



epSMART REWARDS Mastercard® BALANCE TRANSFER FORM

MEMBER NAME: _____

MEMBER NUMBER: _____

MEMBER ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) _____

EMAIL ADDRESS: _____

SIGNATURE _____ DATE _____

Balance Transfer Information #1 (complete form below)

Name of Creditor 1:		
Payment Address:		
Street Address/PO Box _____		
City _____	State _____	ZIP _____
Creditor Account Number:	Exact amount to be paid and transferred:	
_____	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

Please note: Continue to make your monthly payments to the issuer/merchant until you receive a statement from the issuer/merchant reflecting the balance transfer payment. EPFCU will not be responsible for any finance charges or late fees incurred due to your nonpayment.

Balance Transfer Information #2 (complete form below)

Name of Creditor 2:		
Payment Address:		
Street Address/PO Box _____		
City _____	State _____	ZIP _____
Creditor Account Number:	Exact amount to be paid and transferred:	
_____	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

Please note: Continue to make your monthly payments to the issuer/merchant until you receive a statement from the issuer/merchant reflecting the balance transfer payment. EPFCU will not be responsible for any finance charges or late fees incurred due to your nonpayment.

Balance Transfer Information #3 (complete form below)

Name of Creditor 3:		
Payment Address:		
Street Address/PO Box _____		
City _____	State _____	ZIP _____
Creditor Account Number:	Exact amount to be paid and transferred:	
_____	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

Please note: Continue to make your monthly payments to the issuer/merchant until you receive a statement from the issuer/merchant reflecting the balance transfer payment. EPFCU will not be responsible for any finance charges or late fees incurred due to your nonpayment.

Balance Transfer Information #4 (complete form below)

Name of Creditor 4:		
Payment Address:		
Street Address/PO Box _____		
City _____	State _____	ZIP _____
Creditor Account Number:	Exact amount to be paid and transferred:	
_____	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

Please note: Continue to make your monthly payments to the issuer/merchant until you receive a statement from the issuer/merchant reflecting the balance transfer payment. EPFCU will not be responsible for any finance charges or late fees incurred due to your nonpayment.