



## Balance Transfer Authorization Form

List account balances you would like transferred from other cards to your Susquehanna Valley FCU Visa credit card. The term 'creditor' means the institution through which your card is issued. Specify the exact amount you want transferred. You must continue to make payments on these accounts until your statements for these accounts show that the payments have been posted. SVFCU is not responsible for any late payments or other associated fees. You may use extra forms if you would like to transfer additional balances up to your available credit limit. A 25-day grace period applies to all balance transfers. Your minimum payment will be the greater of 3% of your total new balance or \$25. This Visa Balance Transfer is subject to approval.

**Member Name** \_\_\_\_\_

**SVFCU Account Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Creditor \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Creditor \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Creditor \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Please return this form to Susquehanna Valley Federal Credit Union

3850 Hartzdale Dr., Camp Hill, PA 17011