



Balance Transfer Form

Mastercard Credit Card

Name _____

Address (Street, City, State, Zip) _____

Date _____

Please complete and return the completed form to Garden Savings FCU. We will complete your request in the order it was received.

Transfer #1	
Account Number	Account Holder Name
Credit Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Amount to Transfer	Next Payment Due Date

Transfer #2	
Account Number	Account Holder Name
Credit Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Amount to Transfer	Next Payment Due Date

Transfer #3	
Account Number	Account Holder Name
Credit Issuer (Name of Bank, Store, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Amount to Transfer	Next Payment Due Date

Acknowledgment: Completion of above authorizes Garden Savings FCU to transfer balance specified from above mentioned credit card to a Garden Savings Mastercard Credit Card. Your account will be charged on the date the check is issued. If applicable based on the card you choose, no reward points will be earned on the above balance transfers. Processing time can take up to 14 days; payments directly to card issuer(s) should be made when due until able to verify account has been paid via balance transfer. See Credit Card Agreement and Truth-In-Lending Disclosure for additional information.