



Balance Transfer Request Form

*** ALL FIELDS ARE REQUIRED**

Cardholder Name

Home Phone #

Work Phone #

CU Account Number:

FLFCU Credit Card Account Number

Credit Line Available \$

Merchant Name/ Card Issuer

Account Number Amount to Pay

Merchant Address Merchant Phone #

City State Postal Code

Merchant Name/ Card Issuer

Account Number Amount to Pay

Merchant Address Merchant Phone #

City State Postal Code

Merchant Name/ Card Issuer

Account Number Amount to Pay

Merchant Address City Merchant Phone #

State Postal Code

*** Balance Transfers may not exceed approved credit limit. You agree to allow 30 days for FLFCU to process your request. FLFCU is not responsible for finance charges and fees incurred prior to your balance being transferred.*

Signature Date

FILL OUT FORM AND EMAIL OR FAX TO: CardServices@firstlightfcu.org, 915-745-4115

For Credit Union Use Only - Please Print Clearly

FLFCU Staff Name Issuing Form Operator # Ext #

FLFCU Staff Name Receiving Form Operator # Ext #

FLFCU Card Services/MSR Processing Form Date: