

FME Federal Credit Union Balance Transfer Request Form

If you wish FME Federal Credit Union to pay off an existing balance on credit/charge card(s) and close the account, please complete the following information:

DATE	ACCOUNT NUMBER	MEMBER NAME
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I hereby authorize FME Federal Credit Union to pay off the balance(s) due and close the account(s) of the following credit/charge card(s) by applying these balances to my FME Credit Card.

1	NAME OF CREDIT CARD ISSUER		
	CREDIT CARD ACCOUNT NUMBER	BALANCE TO BE PAID	
	CARD ISSUER PAYMENT ADDRESS		
	CITY	STATE	ZIP CODE

2	NAME OF CREDIT CARD ISSUER		
	CREDIT CARD ACCOUNT NUMBER	BALANCE TO BE PAID	
	CARD ISSUER PAYMENT ADDRESS		
	CITY	STATE	ZIP CODE

I understand that FME FCU is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this pay-off request may not pay off the total balance due. I further understand that if there is an insufficient limit on my FME FCU VISA account that FME FCU will pay off my balances in the order listed and return any accounts that cannot be paid in full. *Please note:* It is your responsibility to verify that the credit/charge card(s) is/are paid in full.

Transfers may take up to 4 weeks to complete. Please continue to make payments on these credit cards until FME FCU notifies you that balances have been transferred. FME FCU is not responsible for any remaining balance(s) or additional charges with regard to such account(s), or for any charges resulting in any delay in payment and transfer of balances. Total amount(s) paid and transferred cannot exceed your account's credit line. FME FCU reserves the right to refuse any balance transfer requests.

MEMBER SIGNATURE	DATE
JOINT MEMBER SIGNATURE (IF APPLICABLE)	DATE

Once completed, tear this application along the dotted line above, fold in half (with business reply address facing out), securely tape shut and send in the mail.