



## CREDIT CARD BALANCE TRANSFER FORM

Transfer your high-rate credit card balances to your Seaport Federal Credit Union Visa Credit Card. The requested transfers cannot exceed your established credit limit.

1. Complete the information below.
2. Return this form and a copy of your most recent credit card bills to Seaport FCU.
3. Your credit card statement will show a payment for the transferred amount(s).
4. Send completed form and copies of your credit card bills to:

**Seaport FCU Visa Department, P.O. Box 2000, Elizabeth, NJ 07201**

Member's Name _____
Seaport FCU Visa Account Number _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

<b>Balance Transfer 1</b>
Creditor Name _____
Address _____
City _____ State _____ Zip _____
Account Type (i.e.: Discover, American Express) _____
Account # _____
Verify Account # _____
Amount _____

<b>Balance Transfer 2</b>
Creditor Name _____
Address _____
City _____ State _____ Zip _____
Account Type (i.e.: Discover, American Express) _____
Account # _____
Verify Account # _____
Amount _____

Attach additional forms if necessary.

Member's Signature <b>X</b> _____ Date _____
<b>NOTE: Existing Seaport FCU balances not eligible for balance transfers.</b>