



1011 N. Michigan Ave., Saginaw, MI 48602
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VISA 3.99%^{APR} for 12 Months
Balance Transfer Form

Complete the following and return to Family First Credit Union before March 31, 2021.

Member Name: _____

Account #: _____

Phone #: _____

I hereby authorize Family First Credit Union to complete a balance transfer to my FFCU VISA Credit Card by means of a CASH ADVANCE, up to my available credit limit, at **3.99%^{APR} for 12 Months*** for the credit cards listed below. I further understand that if there is an insufficient limit on my FFCU VISA Credit Card; that you (FFCU) will pay off my balances in the order listed below.

1. Credit Card Name/Issuer: _____

Credit Card #: _____ Transfer Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Credit Card Name/Issuer: _____

Credit Card #: _____ Transfer Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Credit Card Name/Issuer: _____

Credit Card #: _____ Transfer Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

I understand that Family First Credit Union is not responsible for my payment being late or lost in the mail to the above companies. I understand that there may be outstanding charges on my credit card accounts from the merchants listed above and this balance transfer may not pay off the total balance due. I also understand that it is my responsibility to close out my credit card accounts at the above named merchants to avoid any annual fees that may be assessed under the above named accounts.

***3.99%^{APR} is valid for 12 Months after the requested balance transfer is posted to the account and only applies for balances transferred from the above-named merchants during this promotional period. After the 12 month promotional period your remaining unpaid transferred balance will revert to the original purchasing APR. If your account is 60 days or more delinquent and receiving the promotional rate, this rate may automatically revert to the originally disclosed balance transfer rate. The APR for current balance and purchases will remain at the originally disclosed rate.**

Primary Cardholder Signature

Date

Secondary Cardholder Signature

Date

Office Use Only

Teller ID: _____ Date: _____