



# Now is the time to transfer your credit card balances to your Credit Union's Visa Credit Card!

- **9.90% APR** on Balance Transfer(s) or Cash Advance(s)!
- **No Transfer or Transaction Fees!**

**Save money now** by transferring balance(s) and/or receiving cash advance(s). You will pay only **9.90% APR** on the balance transfer and/or cash advance amount(s) until paid in full, no matter how long it takes. This is a NO FEE transaction. This offer is also available to members who do not currently have our credit card but apply and qualify for it.

You can receive a **Cash Advance** anytime in **ItsMe247 Online Banking** by transferring funds from your Visa Credit Card to any of your credit union accounts. You can also do this by calling CU\*Talk 1-866-267-4730.

**YES** – I want to transfer my higher interest credit card balances and/or receive a cash advance to my low interest SACFCU Visa credit card account.

\_\_\_\_ Print Your Full Name                      Daytime Phone Number                      SACFCU Visa Account Number

I hereby authorize San Antonio Citizens FCU (SACFCU) to send payment(s) from my SACFCU Visa credit card account to the "Card Issuer" listed according to the stated "Amount". I understand that this transaction is a cash advance on my SACFCU Visa card account and will accrue interest immediately. Also, that any transfer(s) may not exceed the current credit limit. Creditworthiness verification will be made on any request for a credit limit increase. My Annual Percentage Rate is 9.90% for the life of the balance transfer and/or cash advance. I agree to pay the current minimum payment on the "Card Issuer(s)" account until confirmation appears on my statement. I will be responsible for the "Card Issuer(s)" account as long as it remains open and for closing the account if I choose. I confirm that I have read and agree to the terms and conditions of this credit card balance transfer request and authorization. By submitting this form, I agree to all the terms of the agreement and conditions above. I agree that all terms and conditions of my Visa card agreement will continue to apply.

Your Signature

Date

### CREDIT CARD BALANCE TRANSFER FORM(s)

Card Issuer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Pay This Amount \$ \_\_\_\_\_

Card Issuer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Pay This Amount \$ \_\_\_\_\_

### CASH ADVANCE FORM

Member # \_\_\_\_\_ Cash Advance Amount \$ \_\_\_\_\_  
 Deposit Cash Advance amount into my SACFCU Account (choose one) Checking  or Savings

**YES RAISE MY CREDIT LIMIT PLEASE**, my annual income has changed to \$ \_\_\_\_\_  
 Complete the information above and return form to one of our offices or mail to SACFCU, PO Box 1978, Dade City, FL 33526-1978.