

4.99% APR* on credit card balance transfers for the life of the balance.
NO Transfer or Transaction Fees!

*Special rate offer available to those who apply and qualify by March 31, 2021.

Save money now by transferring balance(s). You will pay only **4.99% APR** on the balance transfer 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. This offer expires March 31, 2021.

YES – I want to transfer my higher interest credit card balances 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 on my SACFCU Visa card account 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 4.99% for the life of the balance transfer. 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. By submitting this form, I’ve read and agree to all the terms and conditions above. I agree that all terms and conditions of my Consumer Credit Card Agreement & Disclosure 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 \$ _____

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.