



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 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 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 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 all the terms and conditions 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 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 9, San Antonio, FL 33576-0009