



VISA CREDIT CARD PROMOTIONAL BALANCE TRANSFER

MEMBER NAME:

OFFCU MEMBER #:

Transfer the following balances to my OFFCU Visa Credit Card:

*Instead of completing this section, you may attach a photocopy of your most recent billing statement that includes the institution's name and mailing address and your account number.

** If the account is to be paid off, please get a **14-day payoff**. The current balance is not necessarily the payoff amount.

LENDER'S NAME	LENDER'S ADDRESS, CITY, STATE & ZIP	LENDER'S ACCOUNT NO.	TRANSFER AMOUNT
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I acknowledge that the balance transfer promotional APR will revert to the standard APR as of three (3) months from the date I sign this agreement.

I understand that my balance transfer request(s) are processed according to the terms of OFFCU's Credit Card Agreement and are subject to credit availability and my qualification as a member in good standing. I understand that FINANCE CHARGES will be assessed from the date each balance transfer is posted to my OFFCU credit card account. I understand that you will advise me if you are unable to process my request for any reason. **I UNDERSTAND THAT MY REQUEST TO PAYOFF MY CREDIT CARD BALANCES WITH OTHER CREDITORS MAY TAKE UP TO 14 (FOURTEEN) DAYS.** I understand that you will process balance transfers in any order you choose, subject to my available credit line. In addition, you will not be responsible for any charges billed to me for the account(s) indicated. **I UNDERSTAND THAT I SHOULD CONTINUE TO MAKE MY MONTHLY PAYMENTS TO EACH CREDITOR UNTIL THE BALANCE TRANSFER APPEARS AS A CREDIT ON THE ACCOUNT(S).** I understand if I transfer an amount for a transaction I dispute, I may lose my rights against the other creditor. I understand that balance transfers must not include requests to pay down or pay off any of my loans or other credit card accounts with OFFCU.

Thank you for your business. We appreciate the opportunity to meet your financial needs.

By signing below, you authorize the transfer of balances from your other financial accounts to your credit card account, and agree to be bound by all terms and conditions. Balance transfer amounts are subject to your available credit limit. The Credit Union reserves the right to obtain additional information and/ or identification to verify your request. For more information regarding your credit card, please refer to the Credit Card Disclosures available on our website at oceanfinancial.org, or contact a Member Contact Representative. Please refer to your credit card billing statement or contact us at 516.620.8100 for details on your balance transfer rate.

Member Signature

Date

FOR OFFICE USE ONLY

Processed by: _____
(FULL NAME)

Date: _____

Teller number: _____