



VISA® CREDIT CARD BALANCE TRANSFER FORM

Florida Hospital CU Visa Account #: _____

Printed Name: _____ Account #: _____

Balance Transfer Rates:

Platinum: 9.99% APR

Classic: 14.99% APR

Share Secured: 16.00% APR

FINANCIAL INSTITUTION: _____

PAYOFF AMOUNT: \$ _____

CREDIT CARD ACCOUNT NO: _____

PAYOFF ADDRESS: _____

FINANCIAL INSTITUTION: _____

PAYOFF AMOUNT: \$ _____

CREDIT CARD ACCOUNT NO: _____

PAYOFF ADDRESS: _____

FINANCIAL INSTITUTION: _____

PAYOFF AMOUNT: \$ _____

CREDIT CARD ACCOUNT NO: _____

PAYOFF ADDRESS: _____

By signing I authorize Florida Hospital Credit Union to pay on my behalf, each balance or portion of balance I have designated. I have read the terms and conditions listed below regarding this transfer request.

Authorized Signature: _____ Date: _____

Terms and Conditions:

1. If transfer information you provide is incomplete, the Florida Hospital Credit Union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address.
2. Balance transfers and/or cash advances may not be used to pay off or pay down any Florida Hospital Credit Union account.
3. Please continue to make your minimum payment until the request transfer payment appears on the account's billing statement. Florida Hospital Credit Union is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.
4. If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.

5. While Florida Hospital Credit Union can pay your accounts directly, it cannot close them for you. If you wish to close any of the transfer accounts, you must do so yourself.
6. Account balance transfers are contingent upon account setup and assigned credit limit. In some cases, Florida Hospital Credit Union may not be able to process a balance transfer request.

LIST CREDITORS PAYOFF INFORMATION BELOW

Borrower Initials

Office Use Only:

Received Date _____ Processed Date _____ Teller # _____