



400 E Little Canada Road, Little Canada 55117 Ph: 651-621-2740 Fax: 651-484-8570
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VISA BALANCE TRANSFER FORM

There is NO FEE to transfer the balance from another card(s) to your credit union VISA. ONCE YOU HAVE ACTIVATED YOUR MCCU VISA print and complete this form and email to amattson@mncathcu.com, fax it to 651-484-8570 or drop it off at your nearest MCCU branch.

Card Issuer: _____ Account # : _____ Phone #: _____ Payment Address: _____ _____ Payoff: \$ _____	Card Issuer: _____ Account # : _____ Phone #: _____ Payment Address: _____ _____ Payoff: \$ _____
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I have read and understand the above information explaining the terms of this balance transfer offer, I authorize MCCU to pay the balance listed by charging the amounts to my MCCU VISA account. I understand that this authorization does not close the accounts. If I wish to close them I must notify the card issuers. I also understand that MCCU will mail checks for the amounts I have requested within two to three business days of your receipt of the properly completed balance transfer authorization. I understand that I am responsible for any late charges that are incurred during this period. Transfer of funds can take up to three (3) weeks to complete.

Name (please print) _____

Signature _____ Date _____

Last 8 digits of your MN Catholic CU VISA Credit Card # _____