

# Balance Transfer

By signing below, I authorize you to bill my approved ProFed Federal Credit Union credit card account in the amount(s) listed below. I understand that you will advise me when payment was mailed or if you are unable to process my payment request for any reason. In addition, ProFed Federal Credit Union will not be responsible for any charges billed to me for the account(s) indicated below.

**Maximum total transfer amount is the available credit on my account on the date of transfer.**

1. Card Issuer \_\_\_\_\_ Account # \_\_\_\_\_  
Complete Payment Address \_\_\_\_\_  
\_\_\_\_\_ Exact Amount To Pay \$ \_\_\_\_\_

2. Card Issuer \_\_\_\_\_ Account # \_\_\_\_\_  
Complete Payment Address \_\_\_\_\_  
\_\_\_\_\_ Exact Amount To Pay \$ \_\_\_\_\_

Name (please print) \_\_\_\_\_ ProFed Account # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Federally Insured by NCUA