

## Balance Transfer Request Form

Member Name \_\_\_\_\_  
NY TEAM Account # \_\_\_\_\_  
NY TEAM MasterCard# \_\_\_\_\_

### Balances To Be Transferred

1.  
Card Issuer \_\_\_\_\_  
Address \_\_\_\_\_  
Account# \_\_\_\_\_  
Amount To Be Paid \_\_\_\_\_

2.  
Card Issuer \_\_\_\_\_  
Address \_\_\_\_\_  
Account# \_\_\_\_\_  
Amount To Be Paid \_\_\_\_\_

3.  
Card Issuer \_\_\_\_\_  
Address \_\_\_\_\_  
Account# \_\_\_\_\_  
Amount To Be Paid \_\_\_\_\_

4.  
Card Issuer \_\_\_\_\_  
Address \_\_\_\_\_  
Account# \_\_\_\_\_  
Amount To Be Paid \_\_\_\_\_

5.  
Card Issuer \_\_\_\_\_  
Address \_\_\_\_\_  
Account# \_\_\_\_\_  
Amount To Be Paid \_\_\_\_\_

I hereby authorize NY TEAM FCU to pay the "Amount" indicated to the "Card Issuer" shown by issuing a check and adding the "Amount" to my NY TEAM FCU credit card account.

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Member Signature

Date

If additional information is required, we will contact you. Total amount transferred cannot exceed your current NY TEAM FCU credit card limit.

**0% APR interest rate for 18 months with a 3% Balance Transfer Fee.**  
**The rate will revert to our current rate after the transfer program has ended.**