



**VISA CREDIT CARD
BALANCE TRANSFER REQUEST**

MEMBER NAME: _____ MEMBER NUMBER: _____

VISA CREDIT CARD ACCOUNT NUMBER: _____

BILLING NAME AND ADDRESS OF MERCHANT OR FINANCIAL INSTITUTION

BALANCE TRANSFER REQUEST #1

Creditor Name: _____ Acct Type Select One: Visa MC AMX Other

Address: _____ Account #: _____

Address 2: _____ Verify Acct #: _____

City: _____ State: _____ Amount: _____

Zip: _____ Phone: _____

Transaction Description: _____

BALANCE TRANSFER REQUEST #2

Creditor Name: _____ Acct Type Select One: Visa MC AMX Other

Address: _____ Account #: _____

Address 2: _____ Verify Acct #: _____

City: _____ State: _____ Amount: _____

Zip: _____ Phone: _____

Transaction Description: _____

BALANCE TRANSFER REQUEST #3

Creditor Name: _____ Acct Type Select One: Visa MC AMX Other

Address: _____ Account #: _____

Address 2: _____ Verify Acct #: _____

City: _____ State: _____ Amount: _____

Zip: _____ Phone: _____

Transaction Description: _____

I hereby authorize the Los Angeles Police Federal Credit Union to initiate a debit(s) to my VISA Credit Card account to pay the above merchants or financial institutions on my behalf. I agree that this account and any balance transfers under the account are governed by the terms and conditions of the applicable LAPFCU Platinum Rewards or Classic Visa Credit Card Agreement and Federal Truth-In-Lending Statement in effect at the time of signing this request. In the event of a conflict between this Balance Transfer Request authorization agreement and the applicable LAPFCU Platinum Rewards or Classic Visa Credit Card Agreement and Federal Truth-In-Lending Statement, this Balance Transfer Request authorization agreement will apply. In addition, I agree to the following terms and conditions:

1. I understand that this request is dependent on my Visa Credit limit available. I also understand that balance transfer requests are subject to LAPFCU's approval, at its sole discretion, and are subject to my account status and my eligibility based on LAPFCU's credit standards.
2. I understand that payment(s) to the above merchant or financial institution may take up to 10 business days for further credit.
3. I agree that if there is a minimum payment due within 10 business days after this request that I am responsible in making the payment.
4. I understand and agree that LAPFCU shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I agree to hold LAPFCU harmless from any claims, liabilities, attorneys or other costs and expenses of any and every kind and nature which I may incur as a result of LAPFCU's performance under this authorization agreement.
5. I understand and agree that entries may not be initiated on my behalf that violate the laws of the United States.
6. I agree that balance transfers may not be used to make payment on any of my credit accounts with LAPFCU.
7. I AGREE THAT LAPFCU, INCLUDING WITHOUT LIMITATION ITS OFFICERS, EMPLOYEES, AND PERMITTED AGENTS, SUCCESSORS, ASSIGNS, AND SUBSERVICERS, ARE NOT RESPONSIBLE OR LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, INDIRECT, SPECIAL, OR PUNITIVE DAMAGES ARISING OUT OF OR RELATED TO MY BALANCE TRANSFER REQUEST.

Authorized Signature(s): _____ **Date:** _____

Daytime phone number: _____

Please drop this completed form by any LAPFCU branch for processing, or mail to:

**LAPFCU Card Services
P.O. Box 10188
Van Nuys, CA 91410**

CREDIT UNION USE ONLY:

FORM ACCEPTED BY: _____ **OP#** _____ **DATE:** _____
(if accepted in branch)

BALANCE TRANSFER: **CASH** **PURCHASE BUCKET/BILLCODE:** _____

PROCESSED BY: _____ **OP#:** _____ **DATE:** _____