

BALANCE TRANSFER FORM

| 1. | □Visa □MasterCard □AmEx | | Account Number | |
|--|-------------------------------------|----------|-------------------------|-------------------------------|
| | □Discover □Retai | <u> </u> | | |
| Creditor Name (Name of Credit Card you are paying off) | | | | |
| | | | | |
| Payment Address | | | | Exact Amount to be Paid |
| | | | | |
| City/ State/ Zip | | | | \$ |
| | | | | |
| | □Visa □MasterCard □AmEx Account Num | | Account Num | hor |
| 2. | □Discover □Retail | | Account Num | DE1 |
| | | etan | | |
| Creditor Name | | | | |
| Payment Address | | | | Exact Amount to be Paid |
| | | | | Exact Amount to be raid |
| City/ State/ Zip | | | | \$ |
| City, State, Lip | | | | 7 |
| | | | | |
| 3. | □Visa □MasterCard □AmEx | | Account Number | |
| | □Discover □Retail | | | |
| Creditor Name | | | | |
| | | | | |
| Payment Address | | | Exact Amount to be Paid | |
| | | | | |
| City/ State/ Zip | | | | \$ |
| | | | | |
| By signing I authorize Bourns EFCU to pay on my behalf each balance or portion of balance I have designated. | | | | |
| I have provided a copy of statement for each creditor. | | | | |
| Signature | | Date | | Last 4 of BEFCU Credit Card # |
| X | | / / | | |
| Cardholder Name | | | Phone Number: | |
| Address | | | | |

Please note that balance transfer processing can take up to 14-21 business days. Please make minimum payment to avoid late fees, if applicable.