

EXISTING CARDHOLDERS ONLY

Balance Transfer Request Form

Effective Date: Feb. 28, 2025

Your Information & Card Number

Name: _____ Member #: _____

Email Address: _____ Daytime Phone: _____

SIUCU Credit Card Number: _____

Please review my credit limit for a possible increase. **OPTIONAL**

Balance Transfer Information Please list transfers in order of importance.

Creditor Name: _____ Transfer Amount: \$ _____

Account Number: _____ Creditor Phone Number: _____

Payment Mailing Address: _____
Street City State Zipcode

Creditor Name: _____ Transfer Amount: \$ _____

Account Number: _____ Creditor Phone Number: _____

Payment Mailing Address: _____
Street City State Zipcode

Creditor Name: _____ Transfer Amount: \$ _____

Account Number: _____ Creditor Phone Number: _____

Payment Mailing Address: _____
Street City State Zipcode

Mail this form to: SIU Credit Union, PO Box 2888, Carbondale, IL, 62902, or drop off at any branch location. Please fill out form completely to avoid delays in processing balance transfer. Please attach payment stubs for Card Payments.

Please follow these guidelines to insure your transfers are handled effectively. 1. List most important transfers first. 2. To verify your available current balance or consult your most recent statement, log in to online banking at siucu.org or download the SIUCU Cards app from the App Store or Google Play Store. You may not transfer more than your current available credit limit. Please provide SIU CU with a copy of your most recent statement from your creditor. 3. For credit cards, please list financial institutions the card is issued through and not the type of card (MasterCard, Visa, etc.). 4. SIU CU cardholders may not be delinquent on any SIU CU loan. Transfer request must be received 30 business days prior to payment due date. A minimum payment needs to be made to creditor to avoid penalties. Transfers will incur interest at cardholder(s)' current credit card rate. Transfers to SIU Credit Union are treated as cash advances and will begin to accrue interest immediately. Transfers may take up to 30 days. Federally insured by NCUA. Equal Housing Opportunity. Membership required. All loans and credit increases subject to credit approval. SIU CU is not responsible for fees for finance charges incurred by you prior to your balance being transferred to SIU CU, or for any finance or other charges you incur while the transfer is being processed. SIU CU is not responsible for any remaining balance or additional charges in the event the payment you authorize does not satisfy an outstanding balance or the creditor account information provided to SIU CU is not accurate. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). You will continue to be responsible for any balances on the account. Your balance transfer request may not be used to make payments toward amounts owed to SIU CU. Transfer requests to cash or to yourself cannot be processed.

Signature

Signature _____ Date _____

By signing, you authorize SIU Credit Union to transfer the balances listed below to your SIU Credit Union Credit Card.

FOR CREDIT UNION USE ONLY

Processed by _____
Operator # _____

MD02282025