



## CREDIT CARD BALANCE TRANSFER FORM

FORM CAN BE RETURNED BY FAX TO (512) 454-2925 OR EMAILED TO [LOANS@THCU.ORG](mailto:LOANS@THCU.ORG)

Complete this form to start saving on balances transferred to your THCU Credit Card from a different card issuer. The maximum total transfer amount will be based on your approved credit limit and the current balance on your Card account.

NAME

PRIMARY PHONE

ADDRESS

CITY

STATE

ZIP CODE

THCU ACCOUNT NUMBER

THCU MASTERCARD NUMBER

CARD ISSUER / LENDER NAME

CARD ISSUER / LENDER NAME

CARD ISSUER / LENDER NAME

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

CUSTOMER SERVICE PHONE NUMBER

CUSTOMER SERVICE PHONE NUMBER

CUSTOMER SERVICE PHONE NUMBER

AMOUNT OF TRANSFER

AMOUNT OF TRANSFER

AMOUNT OF TRANSFER

PAYMENT ADDRESS

PAYMENT ADDRESS

PAYMENT ADDRESS

CITY/STATE/ZIP CODE

CITY/STATE/ZIP CODE

CITY/STATE/ZIP CODE

Continue to make your monthly payment on these other issuer accounts until the payment for the transferred amount appears on your other issuer's statement. Texas Health Credit Union is not responsible for late payments, interest or fees on your other issuer's account. We are not able to close your account even if you transfer the entire balance. If you want to close the account, you will need to contact the issuer directly. Texas Health Credit Union may not be able to process a balance transfer request if it exceeds your available credit limit. If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other issuer. Under certain circumstances (for example, if your account is past due or over limit, or if we reasonably believe you will be unable or unwilling to repay the balance, or as described in your MasterCard Account Agreement and Federal Truth-in-Lending Disclosure), we may decline to process your transaction, in which case you will be notified. You understand and agree that your balance transfer request is subject to Texas Health Credit Union's approval, at its sole discretion. For further details about terms and conditions on your account, including terms and conditions applicable to the requested balance transfer, please refer to your MasterCard Account Agreement and Federal Truth-in-Lending Disclosure.

CARDHOLDER SIGNATURE

DATE