



Credit Card Balance Transfer Request

Balance Transfer Request Form

Please transfer the following amount or balance from another Credit Card to my Credit Union VISA Credi Card account. I understand transfer amounts cannot exceed my available (unused) VISA Credit Card Balance.

Credit Card to be Paid:

Card Type: _____ Amount To Transfer: \$ _____
(VISA, MC)

Issued by: _____ Issuer Phone: _____
Financial Institution Name Customer Service Number

Address for Payment: _____

Account Number: _____ Expiration Date: _____

Please attach a copy of your most recent statement for this credit card account.

Credit Union Account Information:

When your balance transfer has been approved and processed, the transactions will show on your next credit card statements.

Your Name: _____ Daytime Phone: _____

Account Number: _____ VISA Card #: _____

Address: _____

City: _____ State: _____ Zip: _____

Your E-Mail Address: _____

Authorization #:

Staff Initial & Date: _____

I hereby hereby request and authorize the above transfer.

Member's Signature: _____ Date: _____



Louisville Medical Center Federal Credit Union

its easy

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E-Mail ItsEasy@LMedFCU.org
Phone (502) 629-3716
Fax (502) 629-3715



StatLine 1-877-216-0346
Website www.LMedFCU.org

OFFICE HOURS

Monday	7:30 a.m. - 4:00 p.m.
Tuesday	8:00 a.m. - 4:00 p.m.
Wednesday	10:00 a.m. - 4:00 p.m.
Thursday	8:00 a.m. - 4:00 p.m.
Friday	8:00 a.m. - 5:00 p.m.

SAVINGS

- Regular Share Accounts
- Christmas Club Accounts
- Share Certificates
- Retirement Accounts (IRA)
- Special Purpose Accounts
- Family Memberships
- Share Draft (Checking)
- ATM/Debit Card

LOANS

- Signature Loans
- Auto Loans
- Pre-Approved Loans
- Loans Secured by Real Estate
- Share Pledge Loans
- Redi-Credit Line-of-Credit
- Overdraft Protection Loans
- VISA Credit Card

OTHER SERVICES

- VirtualBranch Internet Banking
- StatLine Audio Response
- Auto Price Information
- Notary Public Service
- Financial Counseling
- Discount Theme Park Tickets
- VISA Money & Gift Cards
- Wire Transfers