

160 Newtown Rd
Virginia Beach, VA 23462-2415
(757) 552-1000 • (800) 678-8765

AUTHORIZATION FOR TRANSFER OF EXISTING CREDIT CARD BALANCE TO CHARTWAY FEDERAL CREDIT UNION

If you have another Visa/MasterCard or other bank card.

Once your application has been approved, we'll pay off your existing balance at another institution so that you'll enjoy the convenience of a single credit card payment with no annual fee.

Here's How To Pay Off Your Balance On Other Credit Cards:

Complete and sign the authorization slip at the bottom of this form. *Be sure to provide all requested information.* The best source of information concerning your "old" Visa/MasterCard account is your most recent statement. Remember that you will still be responsible for any purchases that have not yet been charged to your account. Detach and return the authorization slip to CHARTWAY Federal Credit Union, 160 Newtown Rd., Virginia Beach, VA 23462.

Important: If CHARTWAY Federal Credit Union pays off another credit card, the transaction will be processed as a cash advance. This means that interest will be charged on the amount paid from the date the check is mailed to the other financial institution.

Other Points To Remember:

- If you do not show a payoff balance on this form, we cannot process our request. The amount you authorized will be the amount charged to your CHARTWAY Federal Credit Union VISA/MasterCard.
- Complete on authorization form for each creditor to be paid off (Additional authorization forms are available at your local CHARTWAY Federal Credit Union office or by calling (757) 552-1000, or (800) 678-8765.
- This payoff will **NOT** close your account with the other institution; it will only reduce the balance. If you do want to close your account, cut up your credit cards and return them to the financial institution. (*BUT – be sure not to close out your old account until after you have received your first statement from CHARTWAY Federal Credit Union showing the transfer.*)

Detach And Save For Your Records

CFCU Account #	Member's SSN/TIN	Print Member's Name			(First	MI	Last)
Creditor's Account Number To Be Paid On:						Expiration Date:	
Name Of Creditor To Be Paid:						Creditor's Phone Number () _____ - _____	
Address To Mail Payment:							
Payoff Amount:		Member's Signature for Authorization:				Date:	
CSR / MSR Initials:			Office /Branch #:				
OFFICE USE ONLY	Date:	Check #:	Processed By:	Reviewed By:			