



BALANCE TRANSFER AUTHORIZATION FORM

Please allow 2-3 weeks for processing this request. Please complete the information below, print the form and sign and date the bottom of the form before returning it to MMFCU. If possible, include a copy of your last statement to ensure accuracy.

Member Name	Social Security Number	Member Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	MMFCU Visa Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Credit Card Issuer 1	Account Number	Pay-Off Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Card Issuer Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card Issuer 2	Account Number	Pay-Off Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Card Issuer Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card Issuer 3	Account Number	Pay-Off Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Card Issuer Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card Issuer 4	Account Number	Pay-Off Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Card Issuer Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card Issuer 5	Account Number	Pay-Off Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Card Issuer Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I authorize you to make a cash advance from my MMFCU Platinum Visa credit card account in order to make payment to the accounts indicated above. I understand that you will mail checks for me in the amount I have requested within 2-3 weeks of your receipt of the properly completed authorization. MassMutual Federal Credit Union does not take responsibility for late charges incurred during this period. Balance transfers are subject to my available credit limit.

Signature of Cardholder _____ Date _____