

# BALANCE TRANSFER FORM

Please complete and sign this document and return it to iTHINK Financial Credit Union. You may fax it to 561.982.4798, bring it to your local Branch, or mail it to iTHINK Financial • Attn: Loan Operations • P.O. Box 5090 • Boca Raton, FL 33431-0890. If you have encrypted email, you may also scan and email this form to [loans@ithinkfi.org](mailto:loans@ithinkfi.org).

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

iTHINK FINANCIAL VISA Loan Type \_\_\_\_\_ Phone Number \_\_\_\_\_

## TRANSFER BALANCE FROM \*

I hereby authorize iTHINK Financial to pay the amount(s) indicated on the following account(s) by issuing funds to the creditor(s) listed below. Please complete as many forms as you may need to transfer additional balances up to your available credit limit.

Institution Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount to be paid:\*\* \$ \_\_\_\_\_

Institution Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount to be paid:\*\* \$ \_\_\_\_\_

Institution Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount to be paid:\*\* \$ \_\_\_\_\_

\* Instead of completing this section, you may attach a photocopy of your most recent billing statement that includes the institution's name and mailing address and your account number.

\*\* If the account is to be paid off, please get a **14-day payoff**. The current balance is not necessarily the payoff amount.

Member's Signature<sup>†</sup> \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your business. We appreciate the opportunity to meet your financial needs.**

† By signing above, you authorize the transfer of balances from your other financial accounts to your iTHINK Financial credit card account and agree to be bound by all terms and conditions. Balance transfer amounts are subject to your available credit limit. The Credit Union reserves the right to obtain additional information and/or identification to verify your request. For more information regarding your credit card, please refer to the Credit Card Disclosures available on our website at [ithinkfi.org](http://ithinkfi.org), or contact a Member Service Advisor. Please refer to your credit card billing statement or contact us at 800.873.5100 for details on your balance transfer rate.

P.O. Box 5090 | Boca Raton, FL 33431 | 800.873.5100  
[ithinkfi.org](http://ithinkfi.org) | [serviceplus@ithinkfi.org](mailto:serviceplus@ithinkfi.org)



FOR CREDIT UNION USE ONLY

Date Received:

Processed by Operator:

CRM Request:

Date: