



BALANCE TRANSFER FORM

CARDHOLDER INFORMATION		
Full Name:	CommStar Card Number:	
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:

BALANCE TRANSFER 1		
Creditor Name:	Card Number:	
Address:	Amount:	
City:	State:	ZIP Code:
Phone:		
Card Type:	Exp:	

BALANCE TRANSFER 2		
Creditor Name:	Card Number:	
Address:	Amount:	
City:	State:	ZIP Code:
Phone:		
Card Type:	Exp:	

BALANCE TRANSFER 3		
Creditor Name:	Card Number:	
Address:	Amount:	
City:	State:	ZIP Code:
Phone:		
Card Type:	Exp:	

•**Card must be activated before balance transfer may be submitted.**

- If a statement is received from your creditor during this period, continue to pay the monthly payment due in order to avoid any late charges or delinquency on that account.
- If the balance transfer is rejected due to wrong information, CommStar Credit Union is not responsible for fees or interest charged to your account.
- The transferred balance will appear on your credit card statement described as a balance transfer.
- CommStar Credit Union reserves the right to refuse any balance transfer request.
- Completing the balance transfer may not close the account. To close your account, you should contact the creditor.

SIGNATURES	
Cardholder:	Date:
Cardholder:	Date:

FOR OFFICE USE ONLY	
Card Services Representative:	Date:
Notes:	