



**KINECTA**<sup>™</sup>  
FEDERAL CREDIT UNION

1440 Rosecrans Ave.  
Manhattan Beach, CA 90266  
800.854.9846 • www.kinecta.org

CONSUMERLENDING

**CREDIT CARD BALANCE TRANSFER FORM**

<b>CARD</b>	KINECTA CREDIT CARD INFORMATION				<b>Mail to: Kinecta Federal Credit Union</b> Attn: Card Services CU/31 PO Box 217 Manhattan Beach, CA 90267-0217 <b>Fax to: 310.727.8208</b>	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

<b>MEMBER</b>	NAME (FIRST, MIDDLE, LAST)		OFFER CODE
	MEMBER NUMBER		DAYTIME PHONE NUMBER (REQUIRED)

<b>TRANSFER #1</b>	TRANSFER AMOUNT \$	FINANCIAL INSTITUTION NAME	
	ADDRESS	CITY/STATE/ZIP	
	ACCOUNT/LOAN NUMBER		

<b>TRANSFER #2</b>	TRANSFER AMOUNT \$	FINANCIAL INSTITUTION NAME	
	ADDRESS	CITY/STATE/ZIP	
	ACCOUNT/LOAN NUMBER		

By signing below, you authorize us to bill your Kinecta Federal Credit Union Credit Card indicated above in the amount(s) indicated. We will advise you if we are unable to process your request for any reason. Balance transfer request(s) are treated as "Purchases" under your Credit Card Agreement. Balance transfer request(s) are subject to credit availability and qualification as a member in good standing. This balance transfer request cannot be used for repayment of any Kinecta loans. As provided in your Credit Card Agreement, failure to pay the full balance of your account by your Payment Due Date may result in the loss of any grace period. Your balance transfer request may result in payment of the financial institutions above up to thirty (30) days after submission of this form; you should continue to pay all accounts when due. You are solely responsible for closing your accounts when paid; they may not close automatically even if they are paid in full. We are not responsible for any charges bill to you by the financial institutions to which you transfer funds. Other rules and limitations may apply as provided in your Credit Card Agreement or as provided by your other financial institutions. We reserve the right to verify your balance transfer request.

**X**

<b>Member Signature</b>	<b>Not Valid Unless Signed</b>	<b>Date</b>
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CREDIT UNION USE ONLY		
MEMBER ID VERIFICATION  ( If received by email or fax contact the member to verify their ID)	TELLER ID	BRANCH NUMBER
	TELLER SIGNATURE (IF FILLED ELECTRONICALLY TYPE IN TELLER NAME)	RECEIVED DATE
FOR CARD SERVICES ONLY ▶▶▶▶	PROCESSOR NUMBER	PROCESSED DATE