

1440 Rosecrans Avenue, Manhattan Beach, CA 90266 800.854.9846 | kinecta.org

Credit Card Balance Transfer Form

CARD	Kinecta Credit Card Information			Mail to: Kinecta Federal Credit Union Attn: Card Services CU/31 PO Box 217 Manhattan Beach, CA 90267-0217 Fax to: 310.727.8208
BER	Name (First, Middle, Last)			Offer Code
MEMBER	Member Number		Daytime Phone Number (Required)	
TRANSFER #1	Transfer Amount \$		Financial Institution Name	
	Address		City/State/Zip	
TR	Account/Loan Number			
TRANSFER #2	Transfer Amount \$		Financial Institution Name	
	Address		City/State/Zip	
TR	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.				
Member Signature Not Valid Unless Sign			ess Signed	Date
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	or Card Services Only Processor Number			Processed Date