



Credit Card Balance Transfer Authorization

To transfer a credit card balance to your Hanscom FCU Credit Card:

- 1. Print and fill out this form.
2. Sign and date the form, including any joint account holders.
3. Mail this form to:

Hanscom Federal Credit Union
Card Services Department
25 Porter Road, Suite 100
Littleton, MA 01460-1434

Transferring Card Information (for additional cards, please attach a second form)

Card #1

Credit Card Type (Visa, MasterCard, Discover, etc.)
Account Issuer (Bank or Company Name)
Account Number
Transfer Amount
Payment Address

Card #2

Credit Card Type (Visa, MasterCard, Discover, etc.)
Account Issuer (Bank or Company Name)
Account Number
Transfer Amount
Payment Address

Card #3

Credit Card Type (Visa, MasterCard, Discover, etc.)
Account Issuer (Bank or Company Name)
Account Number
Transfer Amount
Payment Address

By signing below, I authorize Hanscom FCU to bill my approved Hanscom FCU Credit Card account for the amount(s) listed above. I understand that Hanscom FCU will advise me if the credit union is unable to process my payment request(s) for any reason. Furthermore, I understand that Hanscom FCU will not be responsible for any charges billed to me for the account(s) listed above, nor is Hanscom FCU responsible for closing my account(s).

Hanscom FCU Information

Prime Member Name Member Number
Signature Date
Joint Member Name
Signature Date