



CREDIT CARD BALANCE TRANSFER FORM

Transfer your high-rate credit card balances to your LCEFCU Visa Credit Card. The requested transfers cannot exceed your established credit limit.

1. Complete the information below.
2. Return this form and a copy of your most recent credit card bills to LCEFCU.
3. Your credit card statement will show a payment for the transferred amount (s).
4. Send completed form and copies of your credit card bill to:

Lake County Educational Federal Credit Union: 1595 Mentor Avenue, Painesville, OH 44077

Member's Name _____			
LCEFCU Visa Account Number _____			
Address _____	City _____	State _____	Zip _____
Home Phone _____ - _____ - _____	Work Phone _____ - _____ - _____		

Balance Transfer 1			
Creditor Name _____			
Address _____			
City _____	State _____	Zip _____	
Account Type (i.e.: Discover, American Express) _____			
Account # _____			
Verify Account # _____			
Amount _____			

Balance Transfer 2			
Creditor Name _____			
Address _____			
City _____	State _____	Zip _____	
Account Type (i.e.: Discover, American Express) _____			
Account # _____			
Verify Account # _____			
Amount _____			

Attach additional forms if necessary.

Member's Signature **X** _____ Date _____

**NOTE: Existing LCEFCU Visa balances not eligible for balance transfers.
Credit Card *MUST* be activated prior to Balance Transfer.**