



# Balance Transfer Form

## *Mastercard Credit Card*

**Name** \_\_\_\_\_

**Member #** \_\_\_\_\_

**Address** (Street, City, State, Zip) \_\_\_\_\_

**Garden Savings Credit Card Account #** (all 16 digits) \_\_\_\_\_

Please complete and return to Garden Savings Federal Credit Union, with a copy of your most recent credit card billing statement for each transfer, using one of the following methods:

**Email:** loanofficer@gardensavingsfcu.com

**Fax:** (973) 316-5705

**Mail:** 129 Littleton Road, Parsippany NJ 07054

Transfer #1	
<b>Account Number</b>	<b>Account Holder Name</b>
<b>Credit Issuer</b> (Name of Bank, Store, Company, etc.)	<b>Issuer Phone Number</b>
<b>Issuer Address</b> (Street, City, State, Zip)	
<b>Amount to Transfer</b>	<b>Next Payment Due Date</b>
Transfer #2	
<b>Account Number</b>	<b>Account Holder Name</b>
<b>Credit Issuer</b> (Name of Bank, Store, Company, etc.)	<b>Issuer Phone Number</b>
<b>Issuer Address</b> (Street, City, State, Zip)	
<b>Amount to Transfer</b>	<b>Next Payment Due Date</b>
Transfer #3	
<b>Account Number</b>	<b>Account Holder Name</b>
<b>Credit Issuer</b> (Name of Bank, Store, Company, etc.)	<b>Issuer Phone Number</b>
<b>Issuer Address</b> (Street, City, State, Zip)	
<b>Amount to Transfer</b>	<b>Next Payment Due Date</b>

**Acknowledgment:** Completion of above authorizes Garden Savings FCU to transfer balance specified from above mentioned credit card to a Garden Savings Mastercard Credit Card. Your account will be charged on the date the check is issued. If applicable based on the card you choose, no reward points will be earned on the above balance transfers. Processing time can take up to 14 days; payments directly to card issuer(s) should be made when due until able to verify account has been paid via balance transfer. See Credit Card Agreement and Truth-In-Lending Disclosure for additional information.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_