BALANCE TRANSFER

Complete this form to transfer your other card balances to your ProFed Visa®!

PROFED CARD Cardholder Name ProFed Account # TRANSFER TO Cardholder Name Street Address City State Zip **Card Issuer 1** Account Number Exact Amount to Pav Card Issuer 2 Account Number Exact Amount to Pay

Form continued on back.







By signing below, I authorize you to bill my approved ProFed Federal Credit Union credit card account in the amount(s) indicated. I understand that you will advise me when payment was mailed or if you are unable to process my payment request for any reason. In addition, ProFed Federal Credit Union will not be responsible for any charges billed to me for the account(s) indicated.

Member signature

Maximum total transfer amount is the available credit on my account on the date of transfer.



Give us a call at **260-373-1632** or **800-752-4613 ext. 1632** for more information, or set up an in-person or virtual meeting at **profedcu.org/appointments**.



Scan here to set up an apointment online