



FLORIDA HOSPITAL

Credit Union

0% PROMOTIONAL VISA®

BALANCE TRANSFER OFFER FOR 12 BILLING CYCLES

FHCU Visa Account #: _____ Name: _____

Balance Transfer Rate:

Balance Transfer Fee:

Platinum: 0.00% APR

3% of the amount of the transfer, with a minimum of \$5.00

Classic: 0.00% APR

5% of the amount of the transfer, with a minimum of \$5.00

Share Secured: Not Applicable

N/A

By signing I authorize Florida Hospital Credit Union to pay on my behalf, each balance or portion of balance I have designated on page 2. I have read the terms and conditions listed below regarding this transfer request.

Authorized Signature: _____ Date: _____

Account #: _____ Daytime Phone/Contact #: _____

Florida Hospital Credit Union
Credit Card Processing
115 Boston Ave. Ste. 2400
Altamonte Springs, FL 32701

Terms and Conditions:

Balance Transfer APR is **0%** for **12 billing cycles** from date the balance transfers post to your credit card account. After the 12th cycle the standard APR applies. Standard purchase APR: **9.99% Platinum or 14.99% Classic.** Transfer fee: Platinum cards 3% of the amount of each transfer with a minimum of \$5.00; Classic cards 5% of the amount of each transfer with a minimum of \$5.00. **Promotion Period is 4-1-2017 thru 7-31-2017.**

1. If transfer information you provide is incomplete, the Florida Hospital Credit Union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address.
2. Balances may not be transferred from any account issued by Florida Hospital Credit Union.
3. Please continue to make your minimum payment until the request transfer payment appears on the account's billing statement. Florida Hospital Credit Union is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.
4. If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.
5. While Florida Hospital Credit Union can pay your accounts directly, it cannot close them for you. If you wish to close any of the transfer accounts, you must do so yourself.
6. Account balance transfers are contingent upon account setup and assigned credit limit. In some cases, Florida Hospital Credit Union may not be able to process a balance transfer request. In the event that you request multiple transfers, each transfer, will be processed in the order that we deem appropriate for business or other reasons, up to the applicable limit.

LIST CREDITORS PAYOFF INFORMATION ON REVERSE SIDE

FINANCIAL INSTITUTION: _____

PAYOFF AMOUNT: \$ _____

CREDIT CARD ACCOUNT NO: _____

PAYOFF ADDRESS (*Include Street/PO Box, City, State and Zip code*):

FINANCIAL INSTITUTION: _____

PAYOFF AMOUNT: \$ _____

CREDIT CARD ACCOUNT NO: _____

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FINANCIAL INSTITUTION: _____

PAYOFF AMOUNT: \$ _____

CREDIT CARD ACCOUNT NO: _____

PAYOFF ADDRESS (*Include Street/PO Box, City, State and Zip code*):

Borrower Initials

Office Use Only: Received Date: _____ Processed Date: _____ Processed By: _____