



BALANCE TRANSFER FORM

YES! I want to transfer my outstanding debts to my PAHO/WHO FCU MasterCard Credit Card.
Indicate accounts to be paid below:

1 _____
Creditor

Payment Mailing Address

City, State, Zip

Account Number \$ Amount to be paid

2 _____
Creditor

Payment Mailing Address

City, State, Zip

Account Number \$ Amount to be paid

3 _____
Creditor

Payment Mailing Address

City, State, Zip

Account Number \$ Amount to be paid

By signing below, I authorize PAHO/WHO FCU to transfer the balances indicated to my PAHO/WHO FCU MasterCard account. I have read and agree to the terms of the offer.

_____ **X** _____
Name (Please Print) Signature

_____ PAHO/WHO FCU Credit Card #

_____ Member Number Date

_____ Daytime Phone # Email Address

Balance transfers will be considered cash advances for processing purposes. Finance charges will accrue from the date the transaction is posted to your account until the unpaid balance is paid in full. No grace period will apply. You must contact the creditor receiving payment to close your account.