



BALANCE TRANSFER FORM

*Transfer Fee - 3% or \$50 Maximum
18% Apr*

DATE: _____

MEMBER'S NAME: _____

ACCOUNT #: _____

Creditor's Name: _____

Address: _____ Tel.: _____

City, State, Zip: _____

Account #: _____ Amount \$: _____

Creditor's Name: _____

Address: _____ Tel.: _____

City, State, Zip: _____

Account #: _____ Amount \$: _____

Creditor's Name: _____

Address: _____ Tel.: _____

City, State, Zip: _____

Account #: _____ Amount \$: _____

Signature: _____

By signing this form you authorize the LES People's FCU to pay off the creditors listed above

If you already have a PEOPLE'S credit card and would like to increase the credit limit, please sign below to allow the credit union to pull your credit report. LES PEOPLE'S FCU will use your credit history to evaluate an increase of credit limit. Credit Limit increase is subject to credit approval and we will contact you for additional information.

Signature: _____

Date: _____

****Complete this form and email to vmarte@lespfcu.org, fax to [212.529.8368](tel:212.529.8368) or mail to 37 Avenue B, New York, NY 10009****