



PO Box 58429; Raleigh, NC 27658-8429

## Credit Card Balance Transfer Authorization

I/We authorize Coastal Federal Credit Union to pay off the balances on the credit cards listed below.  
I/We understand that these transactions will be processed as "cash advances" on my/our Coastal Federal Credit Union account.  
I/We understand that transferred balances are not eligible for ScoreCard Bonus Points.

Member Name *(please print)* \_\_\_\_\_

Coastal Federal CU VISA Account Number \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Coastal Federal CU Account Number \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Account No. _____	Account No. _____
Creditor Name _____	Creditor Name _____
Payment Address _____	Payment Address _____
Payoff Amount \$ _____	Payoff Amount \$ _____
Account No. _____	Account No. _____
Creditor Name _____	Creditor Name _____
Payment Address _____	Payment Address _____
Payoff Amount \$ _____	Payoff Amount \$ _____

OFFICE USE ONLY	
Grand Total Balance Transfers \$ _____	Visa Limit \$ _____



COASTAL

federal credit union

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