



14985 Glazier Ave, Ste 100
Apple Valley, MN 55124-6539
800 692-2274

VISA Credit Card Balance Transfer

Name _____ Wings ID # _____

I hereby authorize Wings Financial Credit Union to pay the balance(s) on the following credit card(s) or loan(s) and charge my

Wings Financial Visa Credit Card # _____.

1.

Name of Financial Institution	Full Account #	Amount to be paid	
Address	City	State	ZIP + 4

2.

Name of Financial Institution	Full Account #	Amount to be paid	
Address	City	State	ZIP + 4

**** To ensure smooth processing please provide payment addresses from billing statements only. ****

I understand this form cannot be used to pay/apply on loans currently held by Wings Financial Credit Union. I also understand that there may be outstanding charges on my accounts listed above and this advance may not pay off the total balance due. Wings Financial Credit Union is not responsible for my payment being late or lost in the mail. I further understand that if there is an insufficient limit on my Wings Financial Credit Union credit card account that Wings Financial Credit Union will pay of my balances in the order listed and return any accounts that cannot be paid in full. Wings Financial Credit Union may decline to process the balance transfer request if the account is closed, if your account is past due, you have filed for bankruptcy, we reasonably believe you will be unable or unwilling to repay the balance or to protect your account if we suspect fraudulent activity. **I also understand this will be processed and appear on my statement as a cash advance.** This balance transfer will incur finance charges from the posting date. No balance transfer fees will apply. Transferred balances do not earn rewards associated with your Wings Financial Credit Union credit card. Please do not transfer any disputed charges from your accounts listed above as you may lose your dispute rights. **Please Note:** This will not cancel the above listed credit cards or loans. Transactions may take up to 3 weeks to post to the other financial institution. Please continue to make payments to other financial institution until transfers are posted.

Promo Code _____
*Promo code is required to receive promotional terms and conditions.

I understand that balance transfer fees may apply to my account during a promotional period. Please refer to promotional terms and conditions. **I further understand that if my Wings Financial Credit Union credit card account does not qualify for promotional terms that Wings Financial Credit Union will still process the balance transfers and my account will be subject to regular (non-promotional) terms and conditions.**

I have read all of the above and agree to all terms and conditions.

Signature _____ Phone # _____ Date _____

INSTRUCTIONS — Fill out, print, and sign the form. Bring to your local branch, fax to (952) 997-8208, or mail to: Wings Financial Credit Union, Attn: Credit Card Services, 14985 Glazier Avenue, Suite 100, Apple Valley, MN 55124.