



JHFCU Visa® Credit Card Balance Transfer Terms

There are no fees to transfer your credit card balances to JHFCU, however finance charges will accrue immediately beginning on the date of the balance transfer advance at the rate of your current credit line. Balance transfers can be made up to your available credit limit. If you wish to apply for a higher limit, contact our Lending Department at 410-534-4500, x 503.

Please Note: Once your request is completed, the payoff check(s) will be mailed to the card issuer(s) listed on the subsequent form. Please allow 7 to 10 business days for the check(s) to be received. It is your responsibility to close your credit card(s), once it is paid off, if you choose to do so. This will help you avoid any annual fee that may be assessed by the card issuer(s).

Balance transfers are contingent upon approval by JHFCU, assigned credit limit, and receipt of a complete and legible Visa® Balance Transfer form. Note: Any amount subject to a billing dispute should not be transferred as it may jeopardize your dispute rights.

By completing the JHFCU Visa® Credit Card Balance Transfer Form, you authorize Johns Hopkins Federal Credit Union (JHFCU) to pay off the balance due on your credit card. You understand that JHFCU is NOT responsible for any late fee incurred if payment is not received by due date. You understand that you are responsible for any remaining balance if the amount designated on the subsequent form is insufficient to pay off the balance due on your credit card account. You understand that you are responsible for continuing to make the required minimum payment until you have confirmed that the transfer has been successfully processed and credited.



JHFCU Visa® Credit Card Balance Transfer Form

Submit the completed form to any of the following:

BRING IT IN to any JHFCU branch

FAX IT TO (410) 342-1161

MAIL IT TO Johns Hopkins Federal Credit Union, Attn: Loan Department, 2027 E. Monument St., Baltimore, MD 21205

Name: _____ Primary Contact Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number or JHFCU Credit Card Number: _____

1. Card Number to be paid off:	Exact Amount to transfer:
Name of Card Issuer (e.g. Bank Name):	
Address to send payoff (e.g. Bank Address):	
City:	State: Zip:

2. Card Number to be paid off:	Exact Amount to transfer:
Name of Card Issuer (e.g. Bank Name):	
Address to send payoff (e.g. Bank Address):	
City:	State: Zip:

3. Card Number to be paid off:	Exact Amount to transfer:
Name of Card Issuer (e.g. Bank Name):	
Address to send payoff (e.g. Bank Address):	
City:	State: Zip:

4. Card Number to be paid off:	Exact Amount to transfer:
Name of Card Issuer (e.g. Bank Name):	
Address to send payoff (e.g. Bank Address):	
City:	State: Zip:

Signature: _____ Date: _____

Credit Union Use Only			
Employee Initials:	Date Processed:		
Account Number:	Primary Social Security Number:		
Check # 1:	Check # 2:	Check # 3:	Check # 4: