



# Transfer Your Balances to “The Nicest Card You’ll Ever Carry,” and Start Saving — Today!

Eliminate the headache of high interest credit card bills! It’s easy — just transfer your balances to your P&S Credit Union Visa Credit Card. You’ll enjoy:

- A great fixed-rate
- A 25-day grace period
- No annual fee
- 24/7 secure online access
- Service from people you know
- And much, much more!

When you use your P&S Visa Credit Card, you can count on local service from a team that cares about your financial well-being! That’s because we are owned by the members who do business here — like you! So, enjoy our 25-day grace period and low fees — a great value without expensive “gotchas” like you might find from big national credit card issuers. It’s simply the nicest card you’ll ever carry!

Don’t wait to save — transfer your balances today! Simply complete the form below and return it to P&S Credit Union or call us toll-free at (877) 973-0575.

## P&S Credit Union Visa Balance Transfer Request Step 1: Tell Us About Yourself *(please print)*

Full Name <i>(First/Middle Initial/Last):</i>	P&S Savings Account Number:
Address:	P&S Visa Card <i>(last 4 digits only):</i>
City, State, ZIP:	Telephone Number:

## Step 2: Tell Us About the Lender(s) or Loan(s) You’d Like Paid Off *(Minimum Balance Transfer Amount is \$100)*

First Lender Name:	Second Lender Name:
Payment Address:	Payment Address:
City, State, ZIP:	City, State, ZIP:
Lender Account Number: <i>(Account must be in your name.)</i>	Lender Account Number: <i>(Account must be in your name.)</i>
Payment Amount: <i>(Must be exact dollar amount.)</i> \$	Payment Amount: <i>(Must be exact dollar amount.)</i> \$

## Step 3: Sign Below to Authorize and Mail to P&S Credit Union

I/We, the undersigned request the Balance Transfer payment(s) and the amount(s) be made and mailed to the lender(s) as indicated above, and the understand that once this request has been completed, signed, and returned to P&S Credit Union, it cannot be cancelled. I/We also agree to be bound by the terms outlined in the P&S Credit Union Cardholder Agreement.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Step 4: Mail or Fax to:** P&S Credit Union  
Attn: Visa Department  
2250 S. Redwood Rd., Ste. #6  
Salt Lake City, UT 84119  
Fax: (801) 797-8654



Approved: _____	Date: _____
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*(For office use only)*

*Revised: 1/2015*