

Name

ESL Credit Card Balance Transfer Form

Daytime Phone _____

Please complete the following information **about yourself**:

| Address | | Email Address | |
|--|--|---------------|---------------------------------------|
| City | | State | Zip |
| ESL Credit Card Numl | | | —— □ ESL Visa Business Credit Card |
| ESL Member/Business | s Number | | Date |
| Member Signature _ | | | |
| Please complete the following information about the lender you are transferring the balance FROM: | | | |
| Lender Name | | | |
| Payment Address | | | |
| City | | State | Zip |
| Account Number | | | |
| Exact Transfer Amount \$ | | | |
| Return this form to: or fax form to: | ESL Federal Credit Union Card & ATM Operations/VISA Credit Card P.O. Box 92714 Rochester, NY 14692-2714 585.336.1524 | | |
| That's all! We'll take care of the rest. You will receive a confirmation letter when the balance transfer information is sent to the lender. | | | |
| Note: Balance transfers may not exceed your available credit line. Check your available balance through online banking. Balance transfers may not be used to pay ESL accounts. We will not close your other accounts, even if you transfer the entire balance. You should contact the lender directly if you would like to close your account. You should not rely on a balance transfer to be made by any particular date. Most balance transfers will take approximately 10-14 days. | | | |
| Office use only | | | |
| Name | | Extension | Date |