



BALANCE TRANSFER AUTHORIZATION FORM

Name: _____ Social Security Number: _____ - _____ - _____

Account(s) to transfer:

Transfer from (company): _____

Account No: _____ Amount: \$ _____

Payment Address: _____

Transfer from (company): _____

Account No: _____ Amount: \$ _____

Payment Address: _____

Transfer from (company): _____

Account No: _____ Amount: \$ _____

Payment Address: _____

By signing below, I authorize Eagle Federal to issue a cash advance to my VISA® for the purpose of transferring the above balances. I understand that this may or may not pay the balance(s) in full and that the cash advance(s) will be issued up to my previously established credit limit.

Signature

Date

Annual Percentage Rate for Purchases	8.9% APR VISA® Preferred 9.5% APR VISA® Max Account 14.5% APR VISA® Classic Account
Annual Percentage Rate for Cash Advances and Balance Transfers	8.9% APR VISA® Preferred 9.5% APR VISA® Max Account 14.5% APR VISA® Classic Account
Other APRs	Penalty APR: 18.0%*
Grace Period for Repayment of Balance for Purchases	28 days
Method of Computing the Balance for Purchases	Average Daily Balance (Including New Purchase)
Annual Fee	None

Late Payment Fee \$25 • Over-the-Credit-Limit Fee \$20, if balance exceeds limit by 4%.

*If your account is 60 days or more past due at any time, an adjusted APR takes effect on all balances.

The information about the costs of the card described in this application is accurate as of 10/09. This information may have changed after that date. To find out what may have changed, call or write us at the number or location listed below.