

# Balance Transfer Request and Authorisation Form

## 1. Membership Details

My existing Member Number is

## 2. Personal Details

Title  Mr  Mrs  Ms  Miss  Other (specify)

Surname

Given Names

Residential Address

Suburb

Postcode

Home

Mob

Email

## 3. Transfer Details (the Credit Card/Store Account that you wish to transfer form)

I authorise the Police Department Employees' Credit Union Limited to transfer the following amounts to my Visa Credit Card from the account described below in accordance with the Terms and Conditions of this Balance Transfer Request.

Account Name

Type of Account

Card/Account No.

Amount to be transferred (\$ amount must be specified - min \$500) \$

Name of issuing organisation

BPay biller number of issuing organisation

BPay reference number of your card account

## Balance Transfer Terms and Conditions

### I acknowledge that:

- The Balance Transfer may take up to 7 days to process from the date the Credit Union receives my request.
- For new accounts, Balance Transfer requests will not be processed until I have activated my Visa Credit Card.
- I remain liable for any payments due under the account where my Balance Transfer has come from.

- Balance Transfers from other Credit Union accounts are not permitted and can only be made at the request of the primary cardholder of an Australian issued credit card account.
- Balance Transfers must be for at least \$500 and cannot take my S14 balance over 95% of the Credit limit.
- The Credit Union may refuse any Balance Transfer request.

## Declaration - I accept the Balance Transfer Terms and Conditions.

Signature of primary cardholder  Date  /  /

In order to close your other credit card account, please complete the following section which will be sent to your other institution.

**Please Close My Account** (Please tick)

Title  Mr  Mrs  Ms  Miss  Other (specify)

Surname

Given Names

The account number for the card to be closed

Name of financial institution/bank

I authorise you to close the above account. I have destroyed the above credit/charge card and any other card that has been issued in this account.

Signature of primary cardholder  Date  /  /

The product issuer is: **The Police Department Employees' Credit Union Limited**

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