



Please complete this form and return it to us at your earliest possible convenience.

Card Issuer 1: _____ Account #: _____

Payment Address: _____

City: _____ State: _____ Zip Code: _____

Payment Amount: _____

Card Issuer 2: _____ Account #: _____

Payment Address: _____

City: _____ State: _____ Zip Code: _____

Payment Amount: _____

Card Issuer 3: _____ Account #: _____

Payment Address: _____

City: _____ State: _____ Zip Code: _____

Payment Amount: _____

Terms & Conditions

1) If the transfer information you provide is incomplete, the Hawaii Law Enforcement Federal Credit Union (hereinafter the "Credit Union") will not be able to process the transfer request. Transfers will be sent only to recognized creditors or financial institutions and will not be sent to your home or billing address. 2) Please continue to make your minimum required payment until the transfer payment appears on that account's billing statement. The Credit Union is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance. 3) If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor. 4) While the Credit Union can pay your accounts directly, the Credit Union can not close them for you. If you wish to close any of the transfer accounts you must do so yourself. 5) Account balance transfers are contingent upon setup and assigned credit limit. In some cases the Credit Union may not be able to process a balance transfer request.

By signing, I authorize the Hawaii Law Enforcement Federal Credit Union to pay, on my behalf, each balance or portion of balances I have designated, and acknowledge that I have read the above terms and conditions.

Name (Print)

Account Number

Signature

Date