



VISA CREDIT CARD BALANCE TRANSFER REQUEST

Balance Transfer Rate of 11.9% APR

Members Name: _____

Credit Union Account #: _____ Todays Date: _____

Credit Card Balance Transfer (select one) Visa Master Discover American Express Other

Full Credit Card / Account #: _____-_____-_____-_____

Bill payment Name: _____

Bill payment Address: _____

Amount: \$ _____

Due Date: _____

(must allow 10 days for processing)

Member
Signature _____

Must attach a copy of payment coupon slip or statement

FOR CREDIT UNION USE ONLY

Employee who took form: _____ Date: _____ Time: _____

Employee who keyed balance transfer: _____ Date: _____ Time: _____