



Visa Balance Transfer Request

Card Issuer _____
Payment Address _____
City/State/Zip _____
Account Number _____
Amount to Transfer \$ _____

Card Issuer _____
Payment Address _____
City/State/Zip _____
Account Number _____
Amount to Transfer \$ _____

Card Issuer _____
Payment Address _____
City/State/Zip _____
Account Number _____
Amount to Transfer \$ _____

Terms and Conditions:

1. If transfer information you provide is incomplete, the credit union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address.
2. Please continue to make your required minimum payment until the requested 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 may 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 cannot 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 account 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 credit union to pay on my behalf each balance or portion of the balance that I have designated. I have read and understand the terms and conditions above.

Name (please print) _____

Signature _____ Date _____

Member Number _____

Visa Account Number _____

Credit Union Representative: _____

For Visa Department Use Only:	
Completed by: _____	Date: _____