

VISA Balance Transfer Form

Transfer your high-rate credit card balances to your VISA. The requested transfers cannot exceed your established VISA credit limit. Please complete the necessary information requested below, sign, and return this copy along with your most recent credit card bill to the Credit Union.

Member's Name _____ Member Number _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ - _____ Work Phone () _____ - _____

Member's Signature _____ Date _____

BALANCE TRANSFER TO BE MADE TO: _____ **AMOUNT OF TRANSFER: \$** _____

Member Name Under Which Credit Card/Loan Had Been Established _____ Account Number _____

Name of Financial Institution of Credit Card/Loan _____

Address _____

City _____ State _____ Zip Code _____

BALANCE TRANSFER TO BE MADE TO: _____ **AMOUNT OF TRANSFER: \$** _____

Member Name Under Which Credit Card/Loan Had Been Established _____ Account Number _____

Name of Financial Institution of Credit Card/Loan _____

Address _____

City _____ State _____ Zip Code _____

