



## Visa® Credit Card Balance Transfer Request

### Member Information

Name:	Member No.	Date of Request:
Address:		
Telephone Numbers: (Mobile)	(Alternate)	
Email address:	Visa® Account No.	

Name of Card Issuer	Name of Card Issuer	Name of Card Issuer
Account No.	Account No.	Account No.
Amount to be transferred \$	Amount to be transferred \$	Amount to be transferred \$
Creditor's payment address	Creditor's payment address	Creditor's payment address
City            State    Zip	City            State    Zip	City            State    Zip

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City            State    Zip	City            State    Zip	City            State    Zip

By signing below, I authorize the credit union to pay, on my behalf, each balance or portion of balance I have designated. I have read and agree to the terms and conditions noted below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Terms and Conditions:**

Balance transfers are considered cash advances and interest is charged from the date of the transfer. The amount of the transfer(s) cannot exceed your available credit limit. Please allow up to three weeks for processing and continue to make payments on your credit card accounts until the balance transfer is confirmed. Submitting this form does not constitute an initiated payment to the accounts listed above. You are still responsible for maintaining payment due dates to these creditors while the requested balance transfer payment is in transit. 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. If you would like to close your account(s), you must contact the issuer directly. Balance transfers may not be applied to other CommonWealth One loan balances.