

VISA Balance Transfer Authorization

Member Name

CU CC # - - -

Email

Address

City/State/Zip

Home Phone

Work Phone

Balance Tranfer Form: (Select One)

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard |

Account # - - -

Amount To Be Paid

Creditor Name

Payment Address

City/State/Zip

Customer Service Phone #

Balance Tranfer Form: (Select One)

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard |

Account # - - -

Amount To Be Paid \$

Creditor Name

Payment Address

City/State/Zip

Customer Service Phone #

Member Signature

Date

CU date of Transfer:

Officer Initials:

Transfer Approved/Declined