

# Credit Card Balance Transfer Request



Print this form and sign it. You may bring this form to your nearest VCCU office or fax it to 805.339.0779

I would like to transfer my existing credit card balances to my VCCU credit card and authorize VCCU to pay the balance(s) indicated below. I understand the amount(s) indicated will be processed according to the VCCU Credit Card Agreement and subject to my credit availability.

Member Name \_\_\_\_\_ VCCU Account # \_\_\_\_\_  
Loan ID # \_\_\_\_\_

1) Card Issuer Name \_\_\_\_\_  
Card Issuer Address \_\_\_\_\_  
Account Number   
Exact Payoff Amount \$ \_\_\_\_\_

2) Card Issuer Name \_\_\_\_\_  
Card Issuer Address \_\_\_\_\_  
Account Number   
Exact Payoff Amount \$ \_\_\_\_\_

3) Card Issuer Name \_\_\_\_\_  
Card Issuer Address \_\_\_\_\_  
Account Number   
Exact Payoff Amount \$ \_\_\_\_\_

*I understand that finance charges will be assessed from the date each advance is posted to my VCCU credit card. Additionally, I understand that my request to pay the above noted balances may take up to 30 (thirty) days. VCCU is not responsible for any charges billed to the accounts indicated. Some limitations and restrictions may apply.*

Signature  Date

## For VCCU Use Only

Date of Request	_____	Date of Request	_____
Employee #	_____	Employee #	_____
Employee Name	_____	Employee Name	_____