

balance transfer

YES, I would like to consolidate my outstanding credit card balance(s), and pay it with my low rate credit union VISA® Credit Card. This transfer is treated as a cash advance according to the terms set forth in the VISA® disclosure.

Creditor #1

Payment Address

Account Number

\$

Exact Balance

Creditor #2

Payment Address

Account Number

\$

Exact Balance

Creditor #3

Payment Address

Account Number

\$

Exact Balance

Attach additional information if required.

I have provided the information needed for credit card consolidation through my credit union VISA® Credit Card. I understand this plan is treated as a cash advance according to the terms set forth in my VISA® disclosure. If my consolidated balance (above) exceeds my VISA® limit, please pay off my accounts in the order listed and notify me of which accounts cannot be paid in full.

Signature

Date

Print Name

Member Number