

Please Complete For Visa Balance Transfer

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

C.U. Acct #: \_\_\_\_\_

C.U. VISA Acct #: \_\_\_\_\_

I understand that by signing this check I hereby authorize Clearview<sup>SM</sup> Federal Credit Union to pay the amount indicated to the card issuer shown by issuing a check and adding the amount to my Clearview Federal Credit Union VISA credit card account. I understand that the amount transferred, combined with my current balance, cannot exceed my credit limit. Payoff amount must be valid for ten days. Credit Union is not responsible for any late fees or balance remaining associated with the transfer of other card balances.

**X** \_\_\_\_\_

Card Holder Signature

\_\_\_\_\_ Date

**Balance Transfer Information**

Pay To: \_\_\_\_\_

(Creditor's Name)

\$

Payoff Balance

Payment Address: \_\_\_\_\_

Account #: \_\_\_\_\_

(of account to be paid off)

**X** \_\_\_\_\_

Card Holder Signature