

# Member Information

Must be completed for Visa Balance Transfer

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

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

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

Credit Union Account #: \_\_\_\_\_

Credit Union Visa Account #: \_\_\_\_\_

I understand that by signing below, I hereby authorize Clearview<sup>®</sup> Federal Credit Union to pay the amount indicated to the financial institution shown by issuing a check and adding the amount to my Clearview 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. Clearview 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

Loan or Credit Card - Please include a copy of your last statement with transfer inquiry.

### Transfer One

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

(Creditor's Name)

\$

AMOUNT

Payoff Balance

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

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

(Account to be Paid)

### Transfer Two

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

(Creditor's Name)

\$

AMOUNT

Payoff Balance

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

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

(Account to be Paid)

**Mail completed transfer request to: Clearview Federal Credit Union, Attn: Visa Dept.,  
8805 University Blvd., Moon Township, PA 15108.**