

## Clearview Credit Card Balance Transfer Form

Please complete the form below, select your signature and click submit. If you have any questions regarding your transfer or to make more than two transfers please contact our Care Center at 1-800-926-0003.



### STEP 1 Member Information

Name

Address

City

State

Zip

Email Address

Clearview Account Number

Clearview Credit Card Account Number

I understand that by signing below, I hereby authorize Clearview Federal Credit Union to pay the amount indicated to the card issuer shown and adding the amount to my Clearview credit card account. I understand that the amount transferred, combined with my current balance, cannot exceed my credit limit and that Clearview Debt cannot be included. Payoff amount must be valid for 10 days. Clearview is not responsible for any late fees or balance remaining associated with the transfer of other card and loan balances.

Card Holder Signature

Date

### STEP 2 Balance Transfer Information (Loan or Credit Card\*)

#### Transfer One

Creditor's Name

Account Number (account to be paid)

Payment Address

City

State

Zip

\$

Amount (payoff balance)

#### Transfer Two

Creditor's Name

Account Number (account to be paid)

Payment Address

City

State

Zip

\$

Amount (payoff balance)