

# HSFCU VISA BALANCE TRANSFER REQUEST FORM

Transfer your high rate credit card(s) and or loan balance(s) to your HSFCU Visa card. The requested transfer cannot exceed your established credit limit. Please complete this form with the necessary information, sign and return to the credit union.

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Name

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Member account #

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Address

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VISA account #

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City/state/zipcode

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Hm. Ph. #

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Wk. Ph. #

## Balance Transfer from:

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Credit Card

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Credit card account number

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Payment address

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City/state/zipcode

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Amount of transfer

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Signature

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Date

The HSFCU Visa balance transfer terms are governed by the HSFCU Visa agreement.