

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.

Name

Member account #

Address

VISA account #

City/state/zip code

Home Phone #

Work Phone #

Balance Transfer from:

Credit Card

Credit card account number

Payment address

\$

City/state/zip code

Amount of transfer

Signature

Date

