



VISA BALANCE TRANSFER REQUEST

Please **complete each field** to process your transfer request. Upon completion, please mail, fax, or drop off completed form to SESLOC FCU.

Member Name _____ **Member #** _____

Please transfer the balance of the following accounts to my SESLOC VISA account:

Card Issuer _____	Card Issuer _____
Payment Address _____	Payment Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Account # _____	Account # _____
Card Issuer Phone # _____	Card Issuer Phone # _____
Amount to Transfer \$ _____	Amount to Transfer \$ _____
Card Issuer _____	Card Issuer _____
Payment Address _____	Payment Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Account # _____	Account # _____
Card Issuer Phone # _____	Card Issuer Phone # _____
Amount to Transfer \$ _____	Amount to Transfer \$ _____

Term and Conditions:

- 1) Funds can be sent only to recognized creditors or financial institutions and will not be sent to your home or billing address.
- 2) Continue to make your minimum required payment to these creditors until the requested transfer payment appears on your account billing statement. SESLOC is not responsible for any remaining balance on the account, or for any finance or other charges you incur due to delays in transferring a balance.
- 3) If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.
- 4) While SESLOC can pay your account directly, SESLOC cannot close these accounts for you. If you wish to close these accounts, you must contact your creditor.
- 5) Account balance transfers are contingent upon account setup and assigned credit limit. In some cases, SESLOC may not be able to process a balance transfer request if it exceeds your available credit limit.

By signing below, I authorize SESLOC Federal Credit Union to pay on my behalf each balance or portion of balance I have designated above. I understand this balance transfer is subject to all the terms and conditions I received when opening the account.

Signature _____ **Date** _____

Return to:
SESLOC Federal Credit Union Attn: **Consumer Loans**
P.O. Box 5360, San Luis Obispo, CA 93403-5360
FAX: (805) 540-7787

Paso Robles | Atascadero | San Luis Obispo | Arroyo Grande | Santa Maria
sesloc.org