

VISA BALANCE TRANSFER REQUEST

Please complete each field to expedite your transfer request.
Errors or missing information may result in delays.

Member Name _____ **Member #** _____

I authorize SESLOC to transfer the balance(s) of the following account(s) to my SESLOC Visa Credit Card Account. I understand that SESLOC may not be able to process a balance transfer request if it exceeds my available credit limit.

If you are completing this form online, you may complete the form before printing. After completion, please print, sign in ink, and mail or fax to SESLOC FCU.

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

Important Information:

- 1) Funds can be sent only to recognized creditors or financial institutions and will not be sent to your home or billing address.
- 2) Please allow up to three weeks for processing.
- 3) 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 or the account, or for any finance or other charges you incur due to delays in transferring a balance. 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 the account for you. If you wish to close these accounts, please notify the creditor in a signed written request.
- 5) You must have a SESLOC Visa Credit Card with available credit. SESLOC cannot process a balance transfer request if the amount requested exceeds your available credit

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 of the SESLOC Visa Agreement 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