



## VISA BALANCE TRANSFER REQUEST

Please **complete each field** to process your transfer request.

**Member Name** \_\_\_\_\_ **Credit Card or Member #** \_\_\_\_\_

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

Card Issuer \_\_\_\_\_

Card Issuer \_\_\_\_\_

Payment Address \_\_\_\_\_

Payment Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ + \_\_\_\_\_

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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ + \_\_\_\_\_

Zip \_\_\_\_\_ + \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Card Issuer Phone # \_\_\_\_\_

Card Issuer Phone # \_\_\_\_\_

Amount to Transfer \_\_\_\_\_

Amount to Transfer \_\_\_\_\_

### Terms 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** \_\_\_\_\_