



BALANCE TRANSFER FORM

Cardholder's Name: _____ **Member Number:** _____

Card Issuer: _____ Exact Amount to Pay: \$ _____.

Address City State Zip

Account Number: _____

Card Issuer: _____ Exact Amount to Pay: \$ _____.

Account Number: _____

Credit Card/Merchant Name: _____

Address City State Zip

Card Issuer: _____ Exact Amount to Pay: \$ _____.

Account Number: _____

Credit Card/Merchant Name: _____

Address City State Zip

Signature: _____ Date: _____

I have read the terms and conditions below:

Balance transfers cannot be used for other Cabrillo Credit Union accounts. I understand that it may take up to 3 weeks for my creditors to receive payment and that I am responsible for making any necessary payments to keep my accounts current. I understand that the credit union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not payoff the total balance due. I further understand that if there is any insufficient limit on my Cabrillo credit card account that Cabrillo Credit Union will pay my account(s) in the order listed.