



Balance Transfer Form

YES! PLEASE TRANSFER THE BALANCE(S) BELOW TO MY CABRILLO MASTERCARD®

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

Payable To: _____ Exact Amount to Pay: \$ _____.

Address	City	State	Zip
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Account Number: _____

Payable To: _____ Exact Amount to Pay: \$ _____.

Address	City	State	Zip
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Account Number: _____

Payable To: _____ Exact Amount to Pay: \$ _____.

Address	City	State	Zip
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Account Number: _____

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 MasterCard® account that Cabrillo Credit Union will pay my account(s) in the order listed.

Please attach a completed copy of this form to a secure message in eBranch, and send it to General Inquiries, or visit a Cabrillo branch.