



VISA Balance Transfer Form

To transfer a balance, from another creditor, to your UVA Community Credit Union VISA card, complete this form and return it to the credit union.

Creditor Name: _____ Name on Account: _____
 Payment Address: _____ Account Number: _____
 City/State/Zip: _____ Amount to be paid: _____

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BY SIGNING I AUTHORIZE THE CREDIT UNION TO PAY ON MY BEHALF EACH BALANCE OR PORTION OF BALANCE I HAVE DESIGNATED. I HAVE READ THE TERMS AND CONDITIONS BELOW.

1) If transfer information you provide is incomplete, the credit union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address. **2)** Please continue to make your minimum required payment until the requested transfer payment appears on the account's billing statement. The credit union is not responsible for any remaining balance on that 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 the credit union can pay your accounts directly, the credit union cannot close them for you. If you wish to close any of the transferred accounts, you must do so yourself. **5)** Account balance transfers are contingent upon account setup and assigned credit limit. In some cases the credit union may not be able to process a balance transfer request. **6)** Balance transfers will be processed as a cash advance against my approved UVA Community Credit Union credit card and will begin accruing interest the day the balances are transferred, if applicable. **7)** Transfers between UVACCU accounts are not permitted.

First/MI/Last Name: _____ VISA Card Number: _____
 Street Address: _____ Day Phone: _____
 City/State/Zip: _____ Evening Phone: _____
 Member Number _____

Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY	
Date Received: _____	Date Processed: _____