

Please return form to Credit Union in person,
or by email to wccuvisa@wexccu.com

Offer
Rate _____

Offer
Term _____

Primary Account Owner's Information

Name (First, Middle, Last)

Account Number

Credit Union Credit Card Number

Balance Transfer Information

Credit Card Account Number

Name as it Appears On Credit Card

Card Issuer (Name of Bank, Credit Union, or Department)

Card Issuer Telephone Number

Card Issuer Payment Address (City, State, Zip Code)

Amount to be Transferred

Cardholder
Signature

Credit Union
Signature

By signing above, I authorize that my Credit Union may bill my credit union credit card in the amount indicated below. I understand that my balance transfer request is subject to credit availability and my qualification as a member in good standing. I understand that finance charges may be assessed from the date of the balance transfer posted to my credit union credit card account. I understand that the credit union will advise me if the credit union is unable to process my request for any reason. I understand that my request to pay off/pay down my credit card balance with other creditors may take up to thirty (30) days. I understand that my credit union will not be responsible for any charges billed to me for the card issuer/creditor indicated below. I understand that I should continue to make monthly payments to the creditor until the balance transfer appears as a credit on the account. I understand if I transfer an amount for a transaction in dispute, I may lose my rights against the other creditor. I understand that balance transfers must not include requests to pay down or pay off any of my loan accounts with my Credit Union