

# Visa Balance Transfer Request

\_\_\_\_\_  
**CoastHills 16 digit Visa Number**

_____ Name Of Credit Card Company
_____ Phone Number of Credit Card Company
_____ Address Of Credit Card Company
_____ Account Number (16 Digits)
_____ \$ Amount To be Transferred

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**Terms and Conditions:**

- 1) Funds will only be sent to recognized creditors and financial institutions.
- 2) Please continue to make your required minimum payment to these creditors until the requested transfer payment appears on the account's next billing statement. CoastHills Credit Union is not responsible for any remaining balance or for any finance charges you incur due to delays in transferring a balance.
- 3) If you transfer an amount for a transaction that is in dispute, you may lose some or all of your rights against the other creditor.

By signing below, I authorize CoastHills Credit Union to pay on my behalf, each balance or portion of balance I have designated up to my CoastHills Credit Union VISA limit. I have also read the terms and conditions above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

**To be completed by CoastHills**

<b>User ID</b>	<b>Branch No.</b>	<b>MSO (Print Name)</b>