

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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Phone Number of Credit Card Company
Address of Credit Card Company
Account Number (16 Digits)
\$
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Account Number (16 Digits)
\$
Amount to be Transferred

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.
- 4) The first balance transfer will start a 6 month 1.99% APY plan. Any balance transfer within that timeframe will expire 6 months from when the initial transfer was completed.

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

Signature

Date

Print Name

To be completed by CoastHills

_____ User ID	_____ Branch No.	_____ MSO (Print Name)
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