



VISA® BALANCE TRANSFER AUTHORIZATION FORM

Member Name: _____

Daytime Phone#: _____

RCU Visa account #: _____ - _____ - _____ - _____

CARDS TO BE TRANSFERRED:

Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:
Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:
Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:

TRANSFER AGREEMENT

By signing below, I authorize you to bill my Redwood Credit Union (RCU) Visa account in the full or partial amount(s) for the Amount To Pay indicated above. I understand that, although most balance transfers will be made sooner, transfers can take up to 4 weeks. Accordingly, I will continue to make all required payments until I confirm that the balance transfer has been made. RCU is not responsible for charges I may incur on my other account as a result of a balance transfer request. My accounts at RCU must be in good standing at the time the balance transfer offer is processed. See Cardholder Agreement Credit Card Agreement and Truth-In-Lending Disclosure for additional information. *Redwood Reward Plus* points earn only on purchases, not balance transfers. I understand that you will advise me if you are unable to process my payment request for any reason. Balance transfers are not valid for payment of RCU loans or RCU Visa card balances.

Cardholder Signature

Date