

CSE VISA BALANCE TRANSFER FORM

Fax to (330)-580-6898

Mail to: CSEFCU
1380 Market Ave North
Canton OH 44714

Fill in the details below and we will mail a check to each card issuer/creditor and a confirmation of payment to you.

Card Issuer Account Number Payment Address Dollar Amount

Total Transfer \$ _____

Balance transfers will be treated as a cash advance. Transfers are processed upon their receipt. Please continue to make payments on your credit cards until you have received confirmation of completion. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The credit union is not responsible for any remaining balance or additional charges with regard to such account, or for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your credit line. The credit union reserves the right to refuse any balance transfer request.

I/WE the undersigned authorize CSE Federal Credit Union to pay the amounts specified above and apply those amounts to my CSE Visa Credit Card Account # _____

X _____
Cardholder Signature
Daytime Phone (_____) _____

Date: _____

SAME LOW RATES – NO TRANSACTION FEES – NO INTRODUCTORY RATES