



VISA BALANCE TRANSFER FORM

No Transaction Fees
Same Low Rates

Fax to: (330) 580-6898

Mail to: CSEFCU
1380 Market Ave N
Canton, OH 44714

Fill in the details below and we will originate payment to each card issuer/creditor. Please allow at least 10 business days for payments to be received and applied by the issuer/creditor from the date we receive your request.

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.

_____ **By initialing here, I accept the terms of this agreement listed above.**

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

Date: _____

_____ _____
Print Name Member Number

Teller Number: _____ Date: _____