



160 E College Street, Covina, CA 91723
 (626) 974-4447, Fax (626) 974-4473
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VISA Balance Transfer Form

****IMPORTANT****

The following information is required by United Catholics Federal Credit Union in order to transfer balances to your UCFCU Visa Credit Card. Please include the payment statement or stub. All requests must be received at least 10 DAYS prior to the DUE DATE. We are not responsible for any late charge or finance charge.

Please refer to the Visa Credit Card Agreement and Disclosure Statement regarding on how to calculate interest on a balance transfer.

Member Name: _____ Member Number: _____

Physical Address _____
(Apt # or Unit) City State Zip

Home # _____ Cell # _____ Email _____

In the event I do not have sufficient funds available, please pay the amount requested in order listed below.

Card Type	Issuer (Name of Company)	Account Number	New Balance

I hereby authorize United Catholics Federal Credit Union to payoff the above accounts with an advance from my United Catholics FCU Visa Credit Card (not to exceed my limit less the current balance). **I understand that check(s) may be mailed to me, and I will be responsible for sending the check(s) to the credit card company.**

Payment cannot be made until this authorization is signed.

 Member Signature:

 Date

The Visa Balance Transfer Request Form with statements can be mailed, dropped off or faxed to the above address.