



SACRAMENTO
CREDIT UNION

Credit Card Balance Transfer Request

Name: _____ Member Number: _____ Loan ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

☐ **Minimum amount of each transfer is \$100.00.**

☐ **Allow 7 to 10 business days for processing**

☐ **Include the most recent payment coupon for each lender**

☐ **There is no fee for a balance transfer.**

1) Lender Name: _____

Lender Address: _____

Amount to Pay: _____ Account Number: _____

2) Lender Name: _____

Lender Address: _____

Amount to Pay: _____ Account Number: _____

3) Lender Name: _____

Lender Address: _____

Amount to Pay: _____ Account Number: _____

4) Lender Name: _____

Lender Address: _____

Amount to Pay: _____ Account Number: _____

By signing below I agree with the following statement: I have attached my most recent payment coupon(s). I acknowledge receipt of and accept the terms of the Visa Credit Card Agreement. I understand that the maximum total transfer(s) cannot exceed my available credit limit and that the amount of a balance transfer may be reduced if it exceeds the available credit limit. I authorize you to bill my Sacramento Credit Union credit card in the amounts listed above, starting with the first lender listed above. I also agree that Sacramento Credit Union will not be responsible for any charges or fees billed to me by the account(s) indicated above.

Signature _____ Date _____

Return completed form in person to a Sacramento Credit Union branch, by fax: 916-560-6661, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351