

## VISA Balance Transfer

Continue to make your monthly payment on the account(s) being transferred until you have confirmed the other creditor(s) have received payment from Cheney Federal Credit Union.

7.25% APR\*

## 7.25 % APR Balance Transfer Request

Member Name:		Member #
Name of Creditor:		Card #
Balance: \$	Mailing Address:	
	Phone Number:	
Name of Creditor:		Card #
Balance: \$	Mailing Address:	
Name of Creditor:		Card #
Balance: \$	Mailing Address:	
Signature:		Date:
(By signin	g this form, you have read and a	gree to the balance transfer terms below.)
Balance Transfer Tern	ns & Information:	
By signing this reques	t, I hereby authorize Cheney Fed	eral Credit Union to pay off the above balance(s).
I understand there ma	ay still be items outstanding and	will be responsible for paying any remaining

Return this form in person or mail to: CFCU, PO Box 160, Cheney, WA 99004

balance(s) on this/these accounts. CFCU is not responsible for my payment being late or lost in the mail.

Available to members in good standing and all balance transfer requests are subject to approval. Interest will begin to accrue for all balance transfer transactions on the date that the funds are disbursed. There is no interest grace period on balance transfers or cash advances. \*APR = Annual Percentage Rate