Credit Card Balance Transfer Request

VENTURA COUNTY CREDIT UNION

I would like to transfer my existing credit card balances to my VCCU Visa and authorize VCCU to pay the balance(s) indicated below. I understand the amount(s) indicated will be processed according to the VCCU Credit Card Agreement and subject to my credit availability.

Member Name: _____ VCCU Account Number: _____

1) Card Issuer Name: _____

Account Number

Exact Payoff Amount $ ___ , ___ . __

Card Issuer/Creditor Address

City State Zip

2) Card Issuer Name: _____

Account Number

Exact Payoff Amount $ ___ , ___ . __

Card Issuer/Creditor Address

City State Zip

3) Card Issuer Name: _____

Account Number

Exact Payoff Amount $ ___ , ___ . __

Card Issuer/Creditor Address

City State Zip

4) Card Issuer Name: _____

Account Number

Exact Payoff Amount $ ___ , ___ . __

Card Issuer/Creditor Address

City State Zip

5) Card Issuer Name: _____

Account Number

Exact Payoff Amount $ ___ , ___ . __

Card Issuer/Creditor Address

City State Zip

6) Card Issuer Name: _____

Account Number

Exact Payoff Amount $ ___ , ___ . __

Card Issuer/Creditor Address

City State Zip

I understand that finance charges will be assessed from the date each advance is posted to my VCCU Visa. Additionally, I understand that my request to pay the above noted balances may take up to 30 (thirty) days. VCCU is not responsible for any charges billed to the accounts indicated. Some limitations and restrictions may apply.

Signature: _____ Date: _____

Print and complete the information above for credit card balance transfers. Return the completed form for processing to any VCCU office, or mail it to Ventura County Credit Union, P.O. Box 6920, Ventura, CA 93006-6920 or fax it to 805/ 339-0779. For information or confirmation of receipt, please call VCCU Visa Department at 805/ 477-4000.