



OPTIONAL VISA BALANCE TRANSFER REQUEST

To transfer balances from other credit card providers, please complete this form and return it to us. It's that simple.

Card # 1 Issuer: _____
Account Number: _____
Payment Address Street or PO Box: _____
Payment Address City, State & ZIP: _____
Amount requested to transfer\$ _____

Card # 2 Issuer: _____
Account Number: _____
Payment Address Street or PO Box: _____
Payment Address City, State & ZIP: _____
Amount requested to transfer\$ _____

Card # 3 Issuer: _____
Account Number: _____
Payment Address Street or PO Box: _____
Payment Address City, State & ZIP: _____
Amount requested to transfer\$ _____

Term and Conditions:

- 1) If the transfer information you provided to us is incomplete or incorrect, the Credit Union will not be able to process the transfer request. Transfers will be sent only to recognized creditors or financial institutions. Transfers will not be sent to your home or billing address.
- 2) Please continue to make your minimum required payment until the request for transfer payment appears on that account's billing statement. The Credit Union is not responsible for any remaining balance on that account, or for any finance charges you incur due to delays in transferring a balance. The Credit Union is not responsible for any charges made after you request a transfer of balance.
- 3) If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.
- 4) While the Credit Union can pay your accounts directly, the Credit Union cannot close the accounts for you. If you wish to close any of the account listed above you must do so yourself.
- 5) Account balance transfers are contingent upon account set-up and the assigned credit limit. In some cases the Credit Union may not be able to process a balance transfer request.

By signing below I authorize the Credit Union to pay on my behalf each balance, or portion of balance, I have designated above. I have read the terms and conditions of this transfer request.

Member Account Number: _____

Today's Date: _____

Member Name (Please Print): _____

Member Signature: _____

IH Credit Union
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www.ihcreditunion.com