



BALANCE TRANSFER FORM

Name(s): _____

Member #: _____

MasterCard® Acct#: _____

I hereby authorize Viriva Community Credit Union to pay the "Amount" indicated to the "Card Issuer" shown by issuing a check and adding the "Amount" to my Viriva Community Credit Union MasterCard® Platinum Credit Card Account. I understand that the amount transferred, combined with my current balance, and cannot exceed my current credit limit.

1) Card Issuer: _____

Address: _____

Account#: _____

Pay this Amount: \$ _____

2) Card Issuer: _____

Address: _____

Account#: _____

Pay this Amount: \$ _____

3) Card Issuer: _____

Address: _____

Account#: _____

Pay this Amount: \$ _____

Member Signature

Date

Member Signature

Date

Please note that for NEW accounts, a Balance Transfer cannot be processed until after you have activated your account/card. This form may be copied if you have more than one (1) account you wish to transfer. The Balance transfer fee is 3%, with a \$5.00 minimum, no maximum.

**Return the completed form by mail to: 157 York Road, Warminster PA 18974.
You can also fax it to 267-803-8390.**