



# HRCU

## Credit Card Balance Transfer Form

Use this form to transfer your balances from high cost credit cards to your low-interest HRCU VISA® credit card. Just complete the form below and return it to us. We'll take care of the rest.

**Card Issuer (bank, financial institution, retail store...):** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Specific Amount to Pay:** \$ \_\_\_\_\_

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**Account Number:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Specific Amount to Pay:** \$ \_\_\_\_\_

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**Account Number:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Specific Amount to Pay:** \$ \_\_\_\_\_

By signing below, I authorize you to bill my Holy Rosary Credit Union VISA® account in the amounts listed above. I understand that you will advise me if you are unable to process my payment request for any reason. In addition, Holy Rosary Credit Union will not be responsible for any charges billed to me for the account(s) indicated. I also understand that the balances transferred to my VISA® account will be subject to the same terms and conditions stated under the Cash Advance Disclosure.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**HRCU VISA® Account Number:** \_\_\_\_\_