



VISA® BALANCE TRANSFER REQUEST

Member Name: _____ Member Number: _____

Email Address: _____ Phone Number: _____

CREDITOR PAYOFF INFO

Account Number: _____ Amount \$ _____

Payable To: _____

Account Number: _____ Amount \$ _____

Payable To: _____

Account Number: _____ Amount \$ _____

Payable To: _____

True Sky Credit Union (TSCU) will process your transfer requests in the order listed on this form. In the event that your request(s) exceeds the amount of your credit line, TSCU will make the maximum possible partial payment. It is your responsibility to make any payments required to keep your account(s) current and it is your responsibility to close your other account(s) if you desire. True Sky Credit Union is not responsible for any charges you may incur on your other account(s) as a result of the balance transfer(s).

By signing below, I authorize True Sky Credit Union to make the transfer requests listed above by issuing check(s) to me as indicated herein and adding a cash advance for the total amounts to my revolving True Sky Credit Union Visa® Account. I understand a 3% cash advance fee will be charged for balance transfers. I understand True Sky Credit Union is not responsible for my payment being late or lost in the mail. I also understand payment amounts are processed based on the above information and may not pay the balance in full.

Member Signature: _____ Date: _____

MSO Signature: _____ Date: _____

OP #: _____



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