



VISA® BALANCE TRANSFER AUTHORIZATION FORM

Member Name _____

Phone # _____ Cell Phone# _____

Email Address _____

VISA Card Account # _____ - _____ - _____

CARDS TO BE TRANSFERRED

Institution Name _____

Payment Address _____ City _____

State _____ Zip Code _____ Amount to Pay \$ _____ Account # _____

*Please attach copy of your last statement for address and balance

Institution Name _____

Payment Address _____ City _____

State _____ Zip Code _____ Amount to Pay \$ _____ Account # _____

*Please attach copy of your last statement for address and balance

Institution Name _____

Payment Address _____ City _____

State _____ Zip Code _____ Amount to Pay \$ _____ Account # _____

*Please attach copy of your last statement for address and balance

By signing below, I authorize you to bill my Sonoma County Grange Credit Union VISA Account in the full or partial amount(s) for the Amount to Pay indicated above. I understand that, although most balance transfers will be made sooner, transfers can take up to 4 weeks. Accordingly, I will continue to make all required payments until I confirm that the balance transfer has been made. Sonoma County Grange Credit Union is not responsible for charges I may incur on my other account as a result of a balance transfer request. My accounts at Sonoma County Grange Credit Union must be in good standing at the time of the balance transfer offer is processed. See Cardholder Agreement Credit Card Agreement and Truth-In-Lending Disclosure for additional information. I understand that you will advise me if you are unable to process my payment request for any reason. Balance transfers are not valid for payment of Sonoma County Grange Credit Union loans or card balances.

Cardholder Signature _____ Date _____