

# VIRIVA COMMUNITY CREDIT UNION

## BALANCE TRANSFER FORM

Primary Member Name: \_\_\_\_\_

Joint Member Name: \_\_\_\_\_

Member#: \_\_\_\_\_ Mastercard® Acct#: \_\_\_\_\_

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

*For mailed requests, please complete this form and mail it to: 157 York Road, Warminster, PA 18974.  
This form may be copied if you have more accounts you wish to transfer.*

1) Card Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Account#: \_\_\_\_\_ Pay This Amount: \$ \_\_\_\_\_

2) Card Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Account#: \_\_\_\_\_ Pay This Amount: \$ \_\_\_\_\_

3) Card Issuer: \_\_\_\_\_

Address: \_\_\_\_\_

Account#: \_\_\_\_\_ Pay This Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Signature

\_\_\_\_\_  
Date