

SOCU Balance Transfer Form

Name: _____

SOCU Visa Acct #: _____

Balance Transfer #1

Account Number _____

Creditor Name _____

Payment Address _____

Exact Amount to be paid \$ _____

Balance Transfer #2

Account Number _____

Creditor Name _____

Payment Address _____

Exact Amount to be paid \$ _____

Balance Transfer #3

Account Number _____

Creditor Name _____

Payment Address _____

Exact Amount to be paid \$ _____

Signature _____

Date _____

*By signing I authorize SOCU to pay on my behalf each balance or portion of balance I have designated. I understand that the payment terms are governed by those associated with my SOCU Visa Perk or Visa Edge. *