



## Balance Transfer Form

Name: \_\_\_\_\_

Rate/Term \_\_\_\_\_

SOCU Visa Acct #: \_\_\_\_\_

Member Number: \_\_\_\_\_

### Balance Transfer #1

Account Number \_\_\_\_\_

Re-Enter Account Number \_\_\_\_\_

Creditor Name \_\_\_\_\_

Payment Address \_\_\_\_\_

Exact Amount to be paid \$ \_\_\_\_\_

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### Balance Transfer #2

Account Number \_\_\_\_\_

Re-Enter Account Number \_\_\_\_\_

Creditor Name \_\_\_\_\_

Payment Address \_\_\_\_\_

Exact Amount to be paid \$ \_\_\_\_\_

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### Balance Transfer #3

Account Number \_\_\_\_\_

Re-Enter Account Number \_\_\_\_\_

Creditor Name \_\_\_\_\_

Payment Address \_\_\_\_\_

Exact Amount to be paid \$ \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*By signing above, I authorize SOCU to pay, on my behalf, each balance or portion of the balance I have designated. I understand that the payment terms are governed by those associated with my SOCU Visa Perk or Visa Edge credit card. I hereby certify that the information I provided is accurate. Failure to provide accurate information could result in a returned payment or a payment applied to the wrong account. I understand that if inaccurate information is provided, that it is my sole responsibility to recover funds posted to the wrong account. I understand that if inaccurate information is provided, I do not hold SOCU responsible for those funds or the recovery of those funds. I also understand that payments may take up to 21 days to process and I will continue to make any minimum payments to avoid late fees or additional charges from accounts I am paying off with the above balance transfer(s).\*