



VISA BALANCE TRANSFER FORM

Member Information	Name (First, Middle, Last)		Account Number	
	Home Phone Number		Work Phone Number	
	Mailing Address	City	State	Zip

Credit Card Information	Name of Creditor			
	Address			
	City		State	Zip
	Phone Number		Payoff Balance	
	Account Number		Verify Account Number	

Credit Card Information	Name of Creditor			
	Address			
	City		State	Zip
	Phone Number		Payoff Balance	
	Account Number		Verify Account Number	

You are hereby authorized to pay off the amount shown on the above charge account(s) by issuing the check(s) as indicated and adding the balance to my Alcoa Pittsburgh FCU Visa credit card account (may not exceed Alcoa Pittsburgh FCU credit limit).

X _____
Signature

Date

Disclosures:

The account holder is responsible for allowing an adequate amount of time for the transaction to be completed and the check to be posted to pay off the account at other institution. The Credit Union will not be liable for any late payment fee(s) incurred from the receiving institution for failure to make minimum required payments. Any remaining balance(s), including interest accrued, on the account(s) owed to the receiving financial institution is the responsibility of the account holder.

Annual Percentage Rate	12.6% APR* or 9.99%* See Account Disclosures for additional information
Grace Period	25 Days on Purchases; No Grace Period on Cash Advances
Method of Computing the Balance	Average Daily Balance Method (including new purchases)
Minimum Finance Charge	None
Balance Transfer Fee	\$25.00 or 1% of the transfer amount, whichever is greater
Cash Advance Fee	None
Late Payment Fee	Up to \$25.00