



ROANOKE VALLEY
Community
CREDIT UNION

Credit Card Balance Transfer Request

Simply complete this form and return it to RVCCU. We'll take care of the rest.

Member Account # _____

Full Name _____

Home Phone # _____ Work Phone # _____

Card Issuer _____ Transfer Amount \$ _____

Account # _____

Payment Address _____

City _____ ST _____ Zip _____

Card Issuer _____ Transfer Amount \$ _____

Account # _____

Payment Address _____

City _____ ST _____ Zip _____

Card Issuer _____ Transfer Amount \$ _____

Account # _____

Payment Address _____

City _____ ST _____ Zip _____

Terms and Conditions

1. If transfer information you provide is incomplete, RVCCU will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address.
2. Please continue to make your minimum required payment until the request transfer payment appears on that account's billing statement. RVCCU is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.
3. If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.
4. While RVCCU can pay your accounts directly, RVCCU can not close them for you. If you wish to close any of the transfer accounts, you must do so yourself.
5. Account balance transfers are contingent upon account setup and assigned credit limit. In some cases RVCCU may not be able to process a balance transfer request.

If you do not present this application in person to a Credit Union Representative, it must be completed, signed, and mailed or faxed to RVCCU.

By signing I authorize Roanoke Valley Community Credit Union to pay on my behalf each balance or portion of the balance I have designated. I have read the terms and conditions above.

Signature _____ Date _____

Mail to:
Roanoke Valley Community Credit Union
Attn: Member Services
P.O. Box 13045
Roanoke, VA 24030-3045

Fax to:
(540) 982-3937

Staff Initials _____ Date ____/____/____