

Visa® Credit Card Balance Transfer/Payoff Request

Member Name

LAFCU Visa Credit Card 16-digit Account Number

Social Security Number

CREDITOR INFORMATION

1)

Name of Creditor or Payee

Account Number

Address

Amount of Payment(s)

City, State, ZIP Code

Due Date(s)

2)

Name of Creditor or Payee

Account Number

Address

Amount of Payment(s)

City, State, ZIP Code

Due Date(s)

3)

Name of Creditor or Payee

Account Number

Address

Amount of Payment(s)

City, State, ZIP Code

Due Date(s)

A balance transfer may take up to 15 day to appear on your payoff request account(s). Please ensure to continue paying your other account(s) until the transferred balance is reflected on your statement(s). To ensure proper delivery of your payment, please attach a copy of current billing statement.

Member Signature

Date

CREDIT UNION USE ONLY:

Application verified by: _____ Teller #: _____ Date: _____

Approved by: _____ Teller #: _____ Date: _____



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