Transfer Your other High Interest Bank and Department Store Credit Card Balances and Save!

Print out, complete and return this entire form to Priority One Credit Union, 1631 Huntington Drive, South Pasadena, CA 91030.
You can also fax this request to (626) 441-1756. For further assistance call (626) 441-1999 or (323) 682-1999.

BALANCE TRANSFER REQUEST

MORE VALUE

List all of the accounts you would like transferred to your Priority One VISA®. The term "Card Issuer" means the institution through which your card is issued. Specify the exact amount you want transferred. Be sure to sign below to authorize the balance transfer. Please continue to make payments on these accounts until your statements for these accounts show that the payment has been posted. The credit union is not liable for any late payments or associated fees. Balance transfers are subject to your available credit limit. There may be outstanding charges on your account and this advance may not pay off the total balance due. To authorize additional balance transfers, include the same information requested below on a second Balance Transfer Request.

First Name _____ Middle Initial _____ Last Name _____

Email Address _____

Daytime Phone (___) ___-____ Social Security Number ___-__-____

Member Number _____

Priority One VISA Account Number ___-___-____ Credit Limit $ ___,___.___

1. Card Issuer _____ Amount to Pay $ ___,___.___

Account Number _____

Payment Address PO BOX _____

City _____ State __ Zip _____-____

Cardholder First Name _____ Middle Initial _____ Last name _____

2. Card Issuer _____ Amount to Pay $ ___,___.___

Account Number _____

Payment Address PO BOX _____

City _____ State __ Zip _____-____

Cardholder First Name _____ Middle Initial _____ Last name _____

3. Card Issuer _____ Amount to Pay $ ___,___.___

Account Number _____

Payment Address PO BOX _____

City _____ State __ Zip _____-____

Cardholder First Name _____ Middle Initial _____ Last name _____

By signing below, you agree that the use of the card will be governed by the terms and conditions of your VISA Agreement and Disclosure. Your signature on this application certifies that all of the information provided above is true and complete. You hereby authorize Priority One Credit Union to verify any of the information provided and to obtain credit reports as the credit union deems necessary and to share its credit experience with others. Further, by your signature here, you agree to be bound by all the terms and conditions of the Priority One Credit Union Truth in Lending Agreement and VISA Agreement and Federal Disclosure Statement.

Member Signature	Date
X	
Joint Owner Signature	Date
X	