

**OPTIONAL BALANCE TRANSFER FORM**

**USE THIS FORM TO TRANSFER YOUR HIGH INTEREST CREDIT CARDS TO  
YOUR CCATCU VISA CREDIT CARD ACCOUNT**

**CCATCU VISA DEPT  
P.O. BOX 8725  
CORPUS CHRISTI, TX 78468-8725  
PHONE: (361) 985-0308  
FAX: (361) 854-7946  
EMAIL: cardcenter@ccatcu.com**



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**By signing below, I authorize you to bill my approved CCATCU VISA CREDIT CARD account in the amount(s) listed below. I understand you will advise me when payment was mailed or if you are unable to process my payment request for any reason. In addition, CCATCU will not be responsible for any charges billed to me for the account(s) indicated below. I understand CCATCU may take up to 7 days for processing.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**CCATCU Acct #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1) Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay \$** \_\_\_\_\_ **Acct #** \_\_\_\_\_

**2) Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay \$** \_\_\_\_\_ **Acct #** \_\_\_\_\_

**3) Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay \$** \_\_\_\_\_ **Acct #** \_\_\_\_\_