

VISA® Balance Transfer Request Form

Complete information is required to accomplish transfer

If you do not have an existing AVAHFCU VISA® Credit Card, complete the VISA® Credit Card application along with the Balance Transfer Request Form.

Member Name: _____

Member Account # _____ Member Daytime Phone # _____

Please transfer the balance of the following accounts to my AVAHFCU VISA® Account. I understand that AVAHFCU may not be able to process a balance transfer request if it exceeds my available credit limit.

Complete this form, sign and date where indicated and return to AVAHFCU by March 31, 2010 to qualify for VISA Balance Transfer Rate as low as 3.90% APR*.

Card Issuer _____
Payment Address _____
City _____ State _____ Zip _____
Account # _____
Card Issuer Phone# _____ Amount to Transfer \$ _____

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City _____ State _____ Zip _____
Account # _____
Card Issuer Phone# _____ Amount to Transfer \$ _____

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Payment Address _____
City _____ State _____ Zip _____
Account # _____
Card Issuer Phone# _____ Amount to Transfer \$ _____

Terms and Conditions:

-Funds will be sent only to recognized creditors of financial institutions and will not be sent to your home or billing address.

-Please continue to make your minimum required payment to these creditors until the requested transfer payment appears on the accounts billing statement. AVAHFCU is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delay in transferring a balance.

-If you transfer an amount for a transaction you dispute, you may lose some or all of your right against the other creditor.

-*APR is Annual Percentage Rate. Balance transfer rate will be honored for a six-month period, with all balances reverting to regular interest rates no later than 9-30-2010. AVAHFCU VISA® Credit Card APR* is as low as 8.90% Annual Percentage Rate.

-While AVAHFCU can pay your accounts directly, AVAHFCU cannot close these accounts for you. If you wish to close any of these accounts, write directly to the creditor.

Account balance transfers are contingent upon account setup and assigned credit limit. In some cases, Please see page 1 of this newsletter for further details.

By signing below, I authorize AVAHFCU to pay on my behalf each balance or portion of balance I have designated. I have read the terms and read and agreed to the terms and conditions.

Signature: _____ Date _____

**Mail or Fax to: Augusta VAH Federal Credit Union • Attn: Loan Department
1267 Augusta West Parkway • Augusta, GA 30909
Fax: (706) 854-1731**