

**VISA BALANCE TRANSFER AUTHORIZATION**

Transfer balances from your other cards to your Diablo Valley Federal Credit Union VISA save! Simply complete, sign and fax back to (925)771-5601.

***I (We) request that you make a cash advance against my (our) Diablo Valley Federal Credit Union Visa:***

Visa Amount \$ \_\_\_\_\_

I (We) authorize and direct the Diablo Valley Federal Credit Union to use that cash advance to pay off the outstanding balance of the following account:

Card Issuer \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Specific Amount To Pay \$ \_\_\_\_\_ Close Account?  Yes  No

I (We) have indicated a desire to close the account shown above, you are further authorized and directed to close the accounts on my (our) behalf. The attached statement accurately reflects the outstanding balance on the account as of this date. If the amount of the cash advance is not sufficient to pay off the entire balance, I (We) am (are) responsible for the remaining balance.

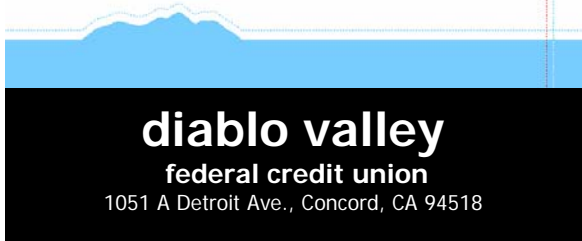
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Day Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Member Number \_\_\_\_\_

Please check if additional sheet is added for more balance transfers.

**Note: You must still make monthly payments on any accounts you transfer until notified by DVFCU.**



**VISA BALANCE TRANSFER AUTHORIZATION**

Transfer balances from your other cards to your Diablo Valley Federal Credit Union VISA save! Simply complete, sign and fax back to (925)771-5601.

***I (We) request that you make a cash advance against my (our) Diablo Valley Federal Credit Union Visa:***

Visa Amount \$ \_\_\_\_\_

I (We) authorize and direct the Diablo Valley Federal Credit Union to use that cash advance to pay off the outstanding balance of the following account:

Card Issuer \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Specific Amount To Pay \$ \_\_\_\_\_ Close Account?  Yes  No

I (We) have indicated a desire to close the account shown above, you are further authorized and directed to close the accounts on my (our) behalf. The attached statement accurately reflects the outstanding balance on the account as of this date. If the amount of the cash advance is not sufficient to pay off the entire balance, I (We) am (are) responsible for the remaining balance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Day Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Member Number \_\_\_\_\_

Please check if additional sheet is added for more balance transfers.

**Note: You must still make monthly payments on any accounts you transfer until notified by DVFCU.**