



Visa Balance Transfer Form

Date: _____

Institution Name: Community West Credit Union

Member Name (please print): _____

Address: 4045 60th St. SE, Kentwood, MI 49512

CWCU Member Number: _____

Last 4 digits of Community West Credit Union Visa card: _____

ACCOUNTS TO BALANCE TRANSFER

To ensure quick and accurate payment to your other credit card(s), please use the account number, card issuer name and address that is listed on that credit card statement/bill.

Credit Card Number _____

Dollar amount to be transferred _____

Name on Account _____

Name of Credit Card Issuer (i.e. Chase, Discover, Comenity) _____

Card Issuer Address _____
(PO Box) (City) (State) (Zip)

Credit Card Number _____

Dollar amount to be transferred _____

Name on Account _____

Name of Credit Card Issuer (i.e. Chase, Discover, Comenity) _____

Card Issuer Address _____
(PO Box) (City) (State) (Zip)

Credit Card Number _____

Dollar amount to be transferred _____

Name on Account _____

Name of Credit Card Issuer (i.e. Chase, Discover, Comenity) _____

Card Issuer Address _____
(PO Box) (City) (State) (Zip)

I authorize Community West Credit Union to issue payment to the credit card issuer(s) listed above using my Community West Visa card.

Cardholder Signature: _____ Date: _____

Home Phone Number: (____)____-____ Work Phone Number: (____)____-____