

# Neighbors Credit Union

## Visa<sup>®</sup> Credit Card Balance Transfer Form

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Neighbors Credit Union Visa Credit Card Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Credit Card Name: \_\_\_\_\_

Payment Address (check billing statement): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance Amount to Pay: \$ \_\_\_\_\_

Member's Signature: \_\_\_\_\_

\*Note: There is a 3% Balance Transfer fee on each transfer.

Credit Card Name: \_\_\_\_\_

Payment Address (check billing statement): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance Amount to Pay: \$ \_\_\_\_\_

Member's Signature: \_\_\_\_\_

\*Note: There is a 3% Balance Transfer fee on each transfer.

Please allow for delivery time for the payoff check(s) to arrive to avoid late fees. Balance transfers may take up to four weeks for processing. Appropriate disclosures will be mailed to you.

For your security, please print, complete and sign the form. Then, drop the form off at the branch nearest you or mail the application to:

Neighbors Credit Union  
Attn: Visa Department  
6300 S. Lindbergh Blvd.  
St. Louis, MO 63123

Teller #: \_\_\_\_\_

Date: \_\_\_\_\_

Total: \$ \_\_\_\_\_