

CREDIT UNION USE ONLY

EMP INITIALS

RECEIVED DATE

Mail to: Volt Credit Union Attn: Card Services PO Box 1217

Springfield MO 65801-1217

Fax to: 417.886.2406

CREDIT CARD BALANCE TRANSFER FORM

VOLT CREDIT CARD NUMBER (16 DIGITS)		
BER	NAME (FIRST, MIDDLE, LAST)	
MEMBER	VOLT ACCOUNT NUMBER	DAYTIME PHONE NUMBER (REQUIRED)
#1	TRANSFER AMOUNT \$	FINANCIAL INSTITUTION NAME
TRANSFER #1	ADDRESS	CITY/STATE/ZIP
TRA	ACCOUNT NUMBER	MAIL CHECK TO MEMBER MAIL CHECK TO CREDITOR
#2	TRANSFER AMOUNT \$	FINANCIAL INSTITUTION NAME
TRANSFER #2	ADDRESS	CITY/STATE/ZIP
TR/	ACCOUNT NUMBER	☐ MAIL CHECK TO MEMBER ☐ MAIL CHECK TO CREDITOR
#3	TRANSFER AMOUNT \$	FINANCIAL INSTITUTION NAME
TRANSFER #3	ADDRESS	CITY/STATE/ZIP
TRA	ACCOUNT NUMBER	☐ MAIL CHECK TO MEMBER ☐ MAIL CHECK TO CREDITOR
By signing below, I authorize you to bill my Volt Credit Union Credit Card in the amount(s) indicated. I understand that Volt will advise me if it is unable to process my request for any reason. I also understand that my balance transfer request(s) are subject to credit availability and my qualification as a member in good standing.		
I acknowledge that my request to payoff the creditors mentioned may take up to thirty (30) days after submission and I should continue to pay those accounts until I have determined that the balances have been transferred. I understand that Volt Credit Union is not responsible for my payment being late or lost in the mail. Volt is not responsible for closing my other account(s). They will not close automatically even if they are paid off in full. Volt is not responsible for any charges billed to me for the account(s) indicated. I understand that balance transfers cannot be used to pay any loan, line-of-credit or credit card account presently maintained by Volt. Total amount of balance transfer requested is subject to established		
credit line.		
Signature Date Not Valid Unless Signed		

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