



VISA Credit Card Balance Transfer

(Fax this form to 817.306.3101)

Name: _____

Phone Number: _____

Address: _____

Member Number: _____

Unity One Visa Credit Card Number: _____

I would like to transfer a credit card balance to my Unity One CU VISA.

Credit Card Name _____ Balance \$ _____

I would like to transfer a credit card balance to my Unity One CU VISA.

Credit Card Name _____ Balance \$ _____

I would like to transfer a credit card balance to my Unity One CU VISA.

Credit Card Name _____ Balance \$ _____

I would like to transfer a credit card balance to my Unity One CU VISA.

Credit Card Name _____ Balance \$ _____

Primary Account Holder Signature: _____ **Date:** _____

Secondary Account Holder Signature: _____

NOTE: Please fax this form to 817.306.3101 along with current credit card statements for each account listed above. Payoff checks will be made payable to you and the credit card company and will be mailed to you to endorse and submit payoff to the credit card company. Please allow 10 days for processing. Unity One is not responsible for payments to these accounts being late or lost.