



Visa® Balance Transfer Request

Please fill out this form, sign it, and fax (503-275-0319), submit through secure messages in Online and Mobile Banking, or mail to Forrit Credit Union (12550 SE 93rd Avenue, Suite 400, Clackamas, OR 97015).

Please transfer the balance of the following high-interest credit cards to my Forrit CU Gold/Platinum Rewards Visa® Card. I understand the balance transferred cannot be more than my established credit limit. (Need a higher limit? Apply in Online Banking for more purchasing power!)*

1- Card Issuer: _____
16-Digit Account Number: _____
Amount to Transfer: \$ _____ Payment Coupon Enclosed
Payment Address: _____
City: _____ State: _____ Zip: _____

2- Card Issuer: _____
16-Digit Account Number: _____
Amount to Transfer: \$ _____ Payment Coupon Enclosed
Payment Address: _____
City: _____ State: _____ Zip: _____

3- Card Issuer: _____
16-Digit Account Number: _____
Amount to Transfer: \$ _____ Payment Coupon Enclosed
Payment Address: _____
City: _____ State: _____ Zip: _____

Member Name (printed): _____

Account Number: _____ **Day Time Phone Number:** _____

Signature (must be signed) Date

**Please be advised that, as part of our verification process, a Forrit team member may reach out to you by phone.*

FOR INTERNAL USE ONLY

Call back Verification completed by: _____

Balance Transfer Completed by: _____ Date: _____