



**Visa® Platinum Credit Card
Balance Transfer Request Form**

Fax to: 518.583.9143
Mail to: 23 Division Street
Saratoga Springs, NY 12866

Member Information

Member Number _____ Member Name _____
Home Phone _____ Work Phone _____
Visa® Platinum 16-Digit Credit Card Number _____

Balance Transfer Details

Balance Transfer #1

Type of Account: Visa® Discover® Mastercard® Retail Store Other: _____
Account Number _____ Creditor Name _____
Name as Printed on Statement _____
Amount to be Transferred _____ Payment Due Date _____
Payment Address _____
Street City State Zipcode

Balance Transfer #2

Type of Account: Visa® Discover® Mastercard® Retail Store Other: _____
Account Number _____ Creditor Name _____
Name as Printed on Statement _____
Amount to be Transferred _____ Payment Due Date _____
Payment Address _____
Street City State Zipcode

Balance Transfer #3

Type of Account: Visa® Discover® Mastercard® Retail Store Other: _____
Account Number _____ Creditor Name _____
Name as Printed on Statement _____
Amount to be Transferred _____ Payment Due Date _____
Payment Address _____
Street City State Zipcode

Member Signature _____ Date _____

Processed by _____ Date _____



www.saratogafcu.org

