



VISA BALANCE TRANSFER REQUEST

Name: _____ Visa Account #: _____

Address: _____

Please payoff the balances of the following accounts. I have enclosed a copy of the statement for each account.

<u>CREDITOR</u>	<u>REMITT TO ADDRESS</u>	<u>ACCOUNT #</u>	<u>AMOUNT</u>
1. _____	_____	_____	\$ _____
_____	_____	_____	_____
2. _____	_____	_____	\$ _____
_____	_____	_____	_____
3. _____	_____	_____	\$ _____
_____	_____	_____	_____
4. _____	_____	_____	\$ _____
_____	_____	_____	_____

I authorize Westar Federal Credit Union to advance funds from my Westar Visa credit card account in the amount(s) listed above. I understand that accounts transfers are treated as cash advances: Finance charges will be applied from the day the balance is transferred to my Westar Visa credit card account.

Signature: _____ Date: _____

Signature: _____ Date: _____

<u>Annual Fee</u>	<u>Minimum Finance Charge</u>	<u>Annual Percentage Rate</u>	<u>Transaction Fee</u>	<u>Method of Calculating Balance</u>	<u>Grace Period To Repay Purchases</u>
NONE	NONE	8.90% APR*	NONE	AVERAGE DAILY BALANCE	25 DAYS

*APR: Annual Percentage Rate. Only valid on balance transfers from other institutions. The minimum payment is 3.00% of your total new balance, or \$25.00, whichever is greater, plus the amount of any prior payments that you have not made, and any amount you are over your limit. When payments are made they go along with the normal application of payments, which is the highest rated balance is paid first. Final approval and actual rate is subject to credit worthiness on each individual applicant. The credit union reserves the right to verify income. Some restrictions may apply.

OFFICE USE ONLY:

Processed By: _____ Date: _____

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