



CHARTER OAK
C R E D I T U N I O N

VISA® TRANSFER BALANCE AUTHORIZATION

Name: _____
Visa Account #: _____

Share Account #: _____
Expiration Date: _____

	CARD NAME and ADDRESS	ACCOUNT #	BALANCE
1			
2			
3			
4			
5			

I understand that the transfer balance will be posted as a purchase to my Charter Oak Federal Visa Account. I have provided all necessary payment stubs and return envelopes. I agree that Charter Oak Federal Credit Union is not responsible for payments that are late or lost in the mail. If the balances listed exceed my Charter Oak Federal Visa available credit, the credit union may payoff the account (s) up to my credit limit.

Signature: _____

Date: _____